

The Problem: Substance Abuse Prevalence & Trends

PREVALENCE

Adolescent
Substance
Use and Beliefs

Adult
Substance
Use

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Washington's Healthy Youth Survey

In Washington State, multiple state agencies have been conducting surveys of youth health behavior since 1988. The surveys have been based on two different national surveys: Monitoring the Future supported by the National Institute on Drug Abuse; and the federal Centers for Disease Control and Prevention's Youth Risk Behavior Survey. In 1995, a Communities That Care survey, developed by the University of Washington, became an important component of the survey effort, integrating risk and protective factors. More recently, a Youth Tobacco Survey was incorporated.

To better coordinate these survey efforts, and to prevent the need for survey data from becoming an undue burden on schools, interested state agencies – Office of Superintendent of Public Instruction; Department of Social and Health Services' Division of Alcohol and Substance Abuse; Department of Health's Tobacco Control Program and Maternal and Child Health Program; Department of Community, Trade & Economic Development, Community Mobilization; and the Family Policy Council – resolved to cooperate on the administration of a single survey of youth behaviors every two years, to be administered in the fall.

The goals of this collaborative effort are:

- To describe youth health behavior, habits, risks, and outcomes; and
- To describe school, community, family, and peer/individual risk and protective factors.

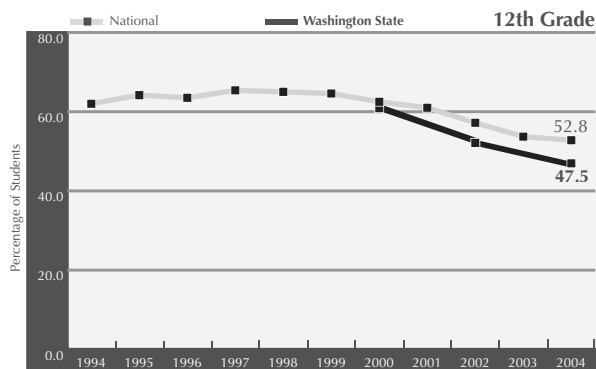
To achieve these goals, it was agreed that the survey must:

- Gather state-level data in a consistent manner (with predictable timing and using comparable measures over time); and
- Support local-level data collection and use for planning, assessment, and evaluation of programs to serve youth.

The data represented on the following pages are from the Healthy Youth Survey, which represents the result of these collaborative efforts. Complete data from the Healthy Youth Survey are available on-line at the Washington State Department of Health's website: www3.doh.wa.gov/HYS/default.htm.

The Prevention Standing Committee of the Governor's Council on Substance Abuse has set a series of state targets for prevention efforts. These targets are continually revised as progress is made in improving the effectiveness of prevention strategies.

The Percentage of Students, Both in Washington and Nationally, Who Have Ever Tried Smoking is Declining.*



Tobacco use is the leading cause of preventable illness and death in the United States.¹ A 1996 federal Centers for Disease Control and Prevention Study suggests that 33% of young smokers will eventually die as a result of tobacco use, if current use patterns continue.²

These graphs indicate that experimentation with tobacco is on the decline, both in Washington State and nationally. The state target is to raise the average age of adolescents' first use of tobacco products to 16.

¹ U.S. Surgeon General. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2000.

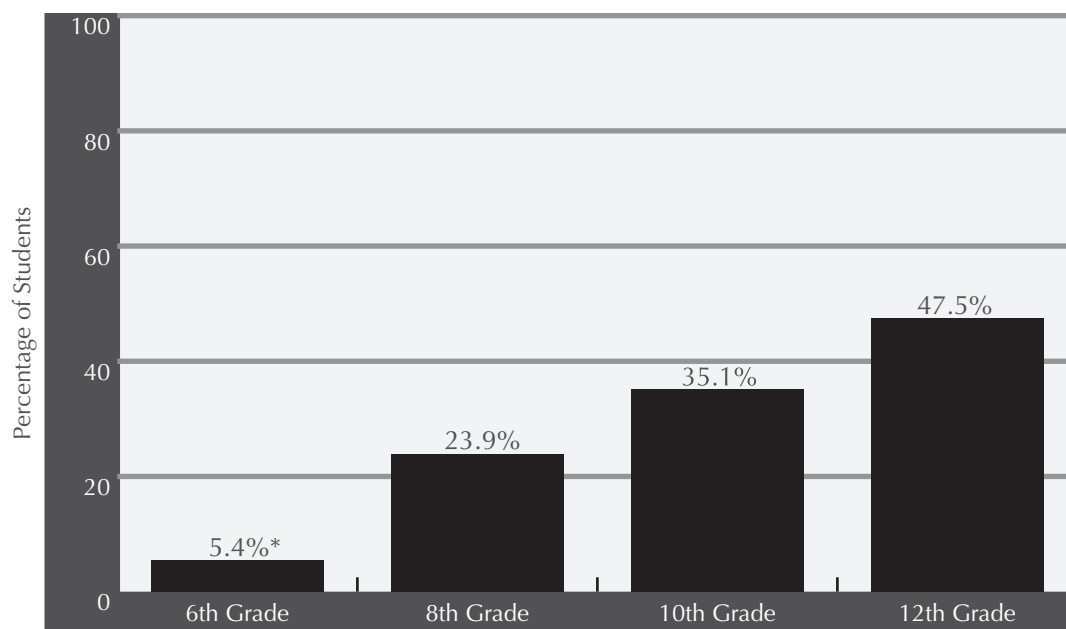
² Centers for Disease Control and Prevention. "Projected Smoking-Related Deaths Among Youth – United States," *Morbidity and Mortality Weekly Report* 45, 1999.

* The Washington State Healthy Youth Survey (HYS) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between HYS and MTF thus should not be made, except for the purpose of viewing trends.

Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.



By 12th Grade, Almost Half of Washington Adolescents Have Tried Smoking.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

The percentage of Washington State students who have experimented with smoking is declining. Experimentation and use of smokeless tobacco is also on the decline.¹

Research indicates that increasing tobacco taxes on cigarettes, when combined with anti-smoking campaigns, is one of the most cost-effective short-term strategies to prevent tobacco initiation about youth.² A recent study found that 70% of U.S. youths ages 14-17 report they can purchase cigarettes within five blocks of their home.³ However, the Washington State Healthy Youth Survey found that only 19% of 10th grade youth reported they usually obtained tobacco by purchasing it themselves; 63% obtained it from others.⁴

*6th grade percentage is for students smoking a whole cigarette; 8th, 10th, and 12th grade data are for students trying smoking, “even just a puff”.

¹ Office of Superintendent of Public Instruction. *Washington State Healthy Youth Survey – 2004*. Olympia, WA: 2005.

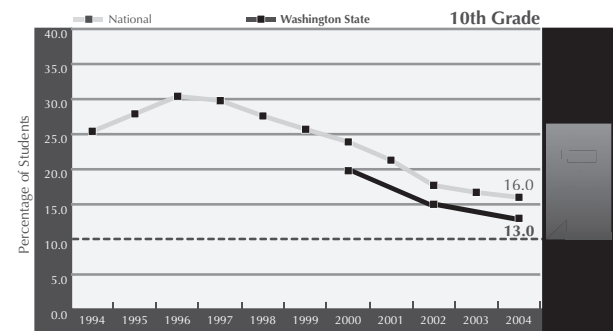
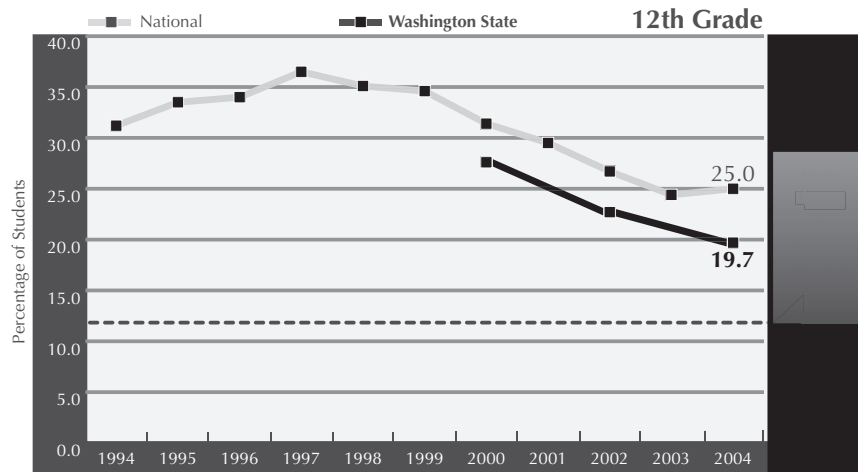
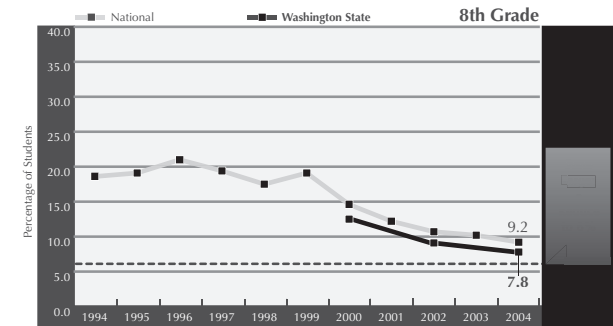
² U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 27-6. Washington, DC: 2000.

³ Institute for Adolescent Risk Communication. *Access to Risky Products and Perceptions of Risky Behavior and Popularity*. Philadelphia, PA: University of Pennsylvania, Annenberg Public Policy Center, 2002.

⁴ *Healthy Youth Survey*, op. cit.

In 2004, Washington State 8th, 10th, and 12th Graders were Less Likely to Have Smoked a Cigarette in the Past 30 Days than in Previous Years.*

Recent smoking by adolescents appears to be on the decline, both in Washington State and nationwide. Studies indicate that youth and young adult smokers are more price-responsive than other smokers, and that a 10% increase in price could reduce the number of teenagers who smoke by 7%.¹



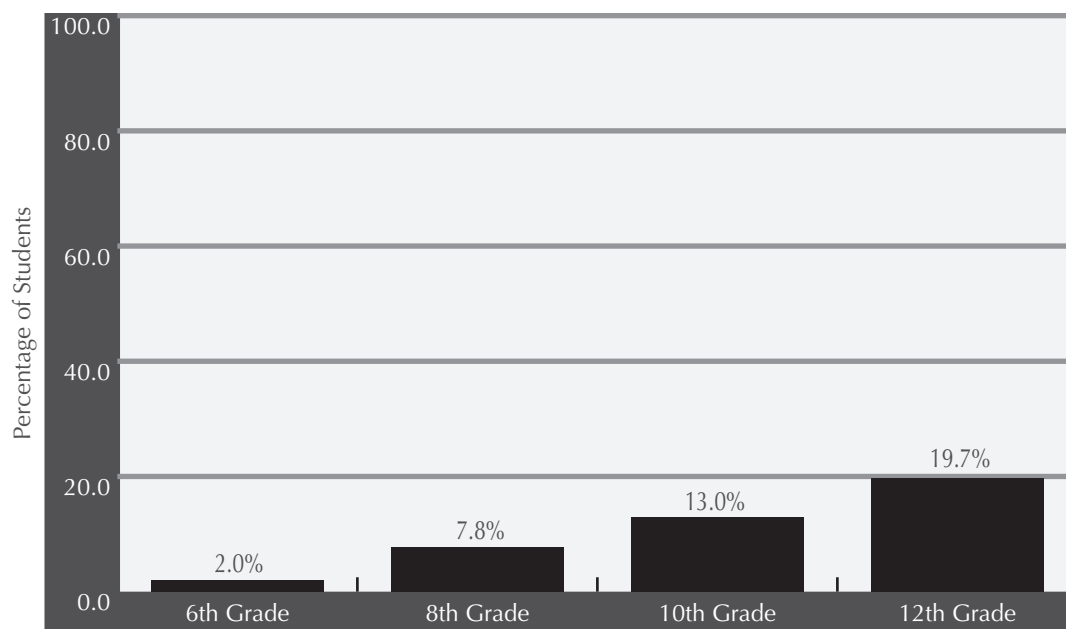
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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¹ Schneider Institute for Health Policy, Brandeis University. *Substance Abuse – The Nation's Number One Health Problem: Key Indicators for Policy – Update February 2001*. Princeton, NJ: The Robert Wood Johnson Foundation, 2001.



Almost a Fifth of Washington High School Seniors Report Having Smoked a Cigarette in the Past 30 Days.



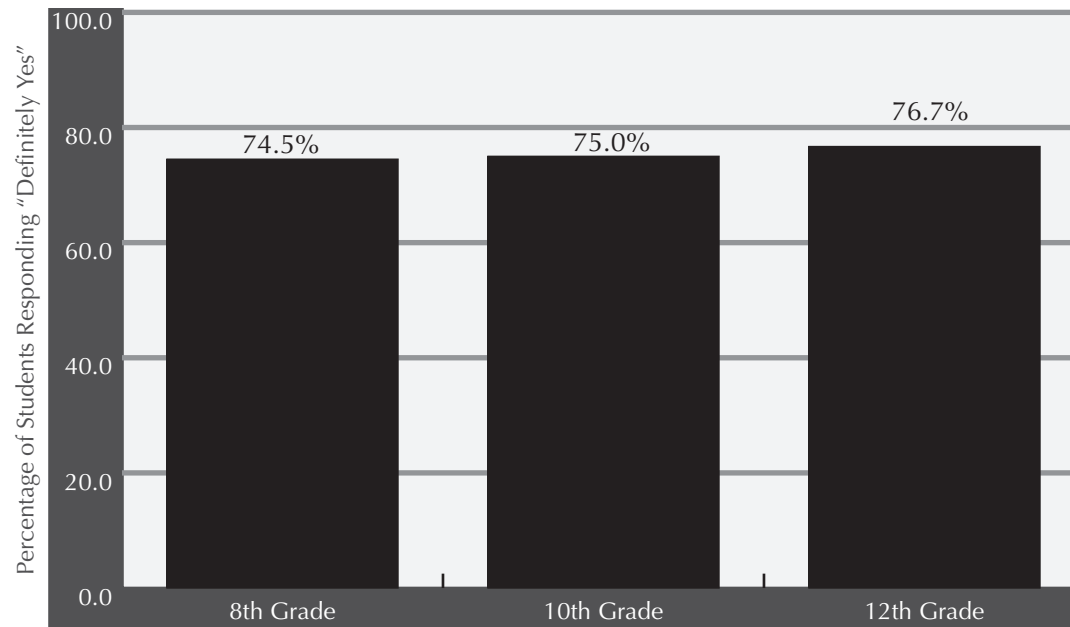
Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

Among young people, short-term health consequences of smoking include respiratory and non-respiratory effects, nicotine addiction, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who begin to smoke regularly in their youth continue to do so as adults.¹ A large majority of Washington State students who smoke report that they want to quit, and more than half have tried to stop during the previous year.²

¹ U.S. Surgeon General. *Tobacco Use Among Young People – A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1994.

² Office of Superintendent of Public Instruction. *Washington State Healthy Youth Survey – 2004*. Olympia, WA: 2005.

In 2004, Most Washington State Students Believed that Young People Risk Harming Themselves by Smoking 1-5 Cigarettes Per Day.

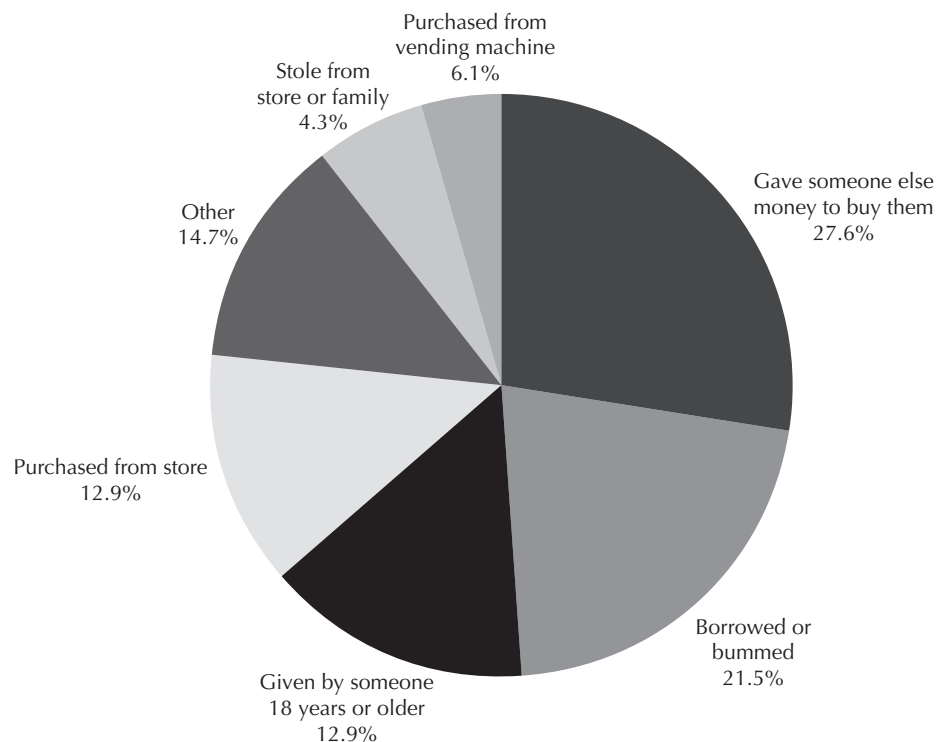


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

Most Washington State students perceive a high degree of risk from smoking cigarettes. The percentage perceiving such risk rises as students get older, even as the rate of smoking among students increases. This suggests that new efforts need to be focused on helping current young smokers quit. Some 46% of Washington 10th graders, and 42% of 12th graders who smoke report they would like to quit immediately, but fewer than a fifth of these smokers have had access to a program to help them quit.¹ Perception of risk of harm from smoking has been rising in recent years, especially among students in the younger grades, suggesting that anti-smoking efforts have been having an impact.



Most 10th Grade Smokers in Washington State Obtain Cigarettes from Others.

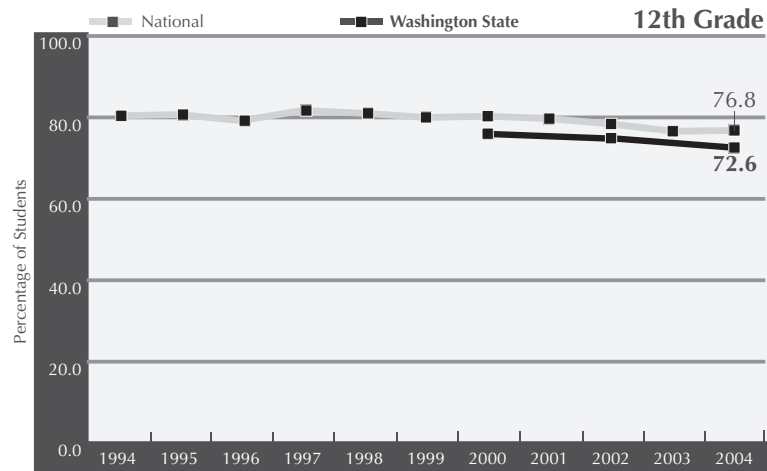


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

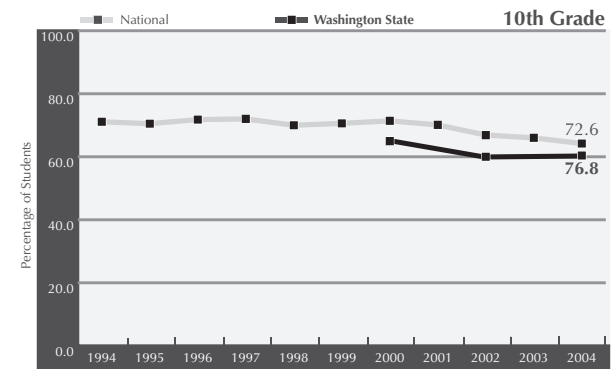
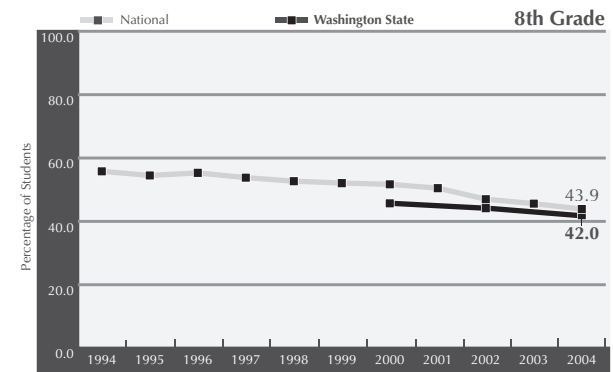
Only 19% of Washington State 10th grade smokers obtain cigarettes by purchasing them. More than 80% of 10th graders obtain them through others. This suggests that there is a culture around smoking that still makes it socially acceptable for others to participate in young people developing a highly dangerous health habit.

The Percentage of Students, Both in Washington and Nationally, Who Have Tried Alcohol is Declining.*

In 1999, underage drinkers (ages 12-20) consumed 19.7% of alcohol consumed in the United States, accounting for \$22.5 billion in total alcohol sales. Roughly half of youth in this age group drink, a proportion similar to that of adults ages 21 and older.¹ The state target to raise the average age of adolescents' first use of alcohol to 16.



Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

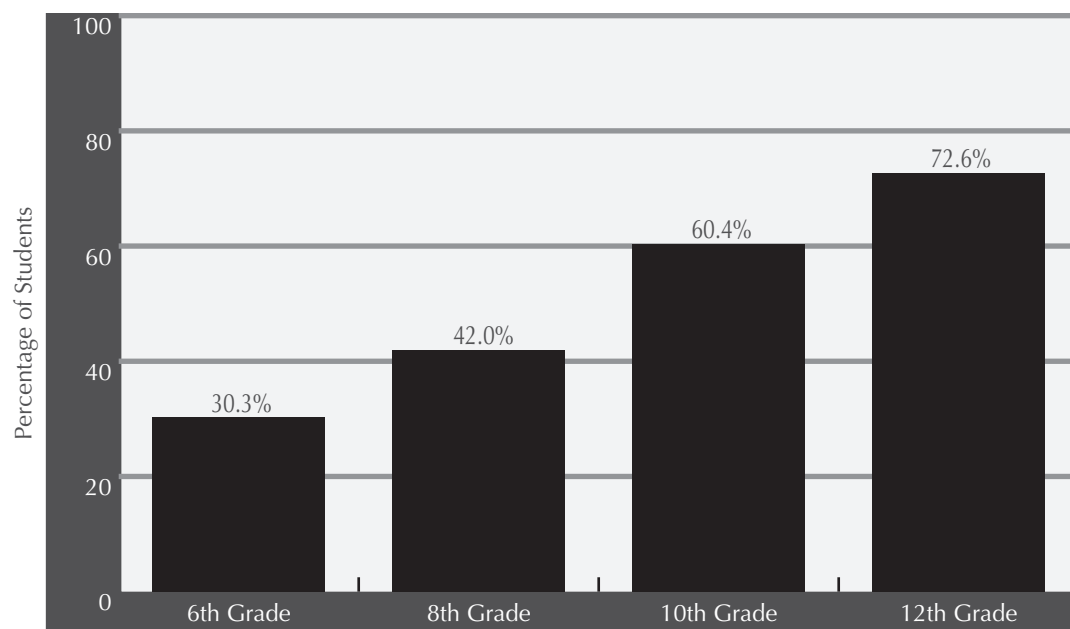


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¹ Foster, S., et al. "Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking," *Journal of the American Medical Association* 289(8), 2003.



Almost a Third of Washington 6th Graders Have Tried Alcohol.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

Teenage drinking can physically damage the brain; interfere with mental and social development; interrupt academic progress; increase chances of risky sexual behavior and teen pregnancy, juvenile delinquency, and crime; compromise health; and result in unintended injury and death.¹

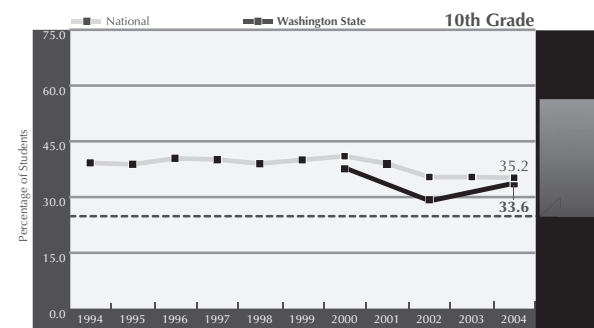
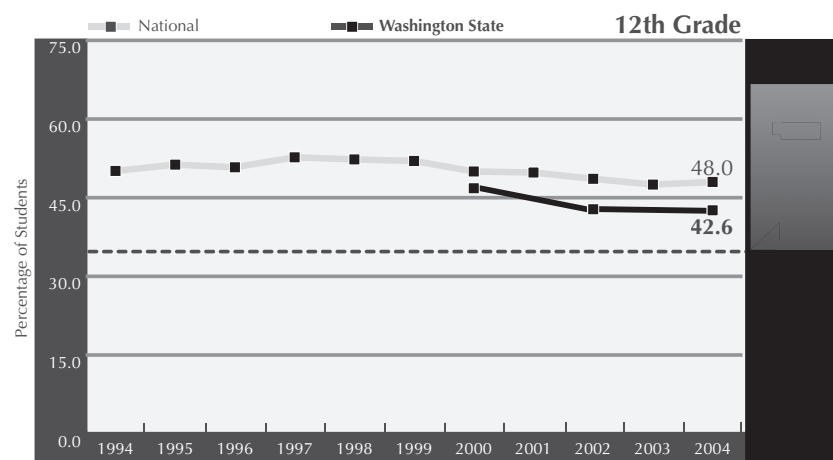
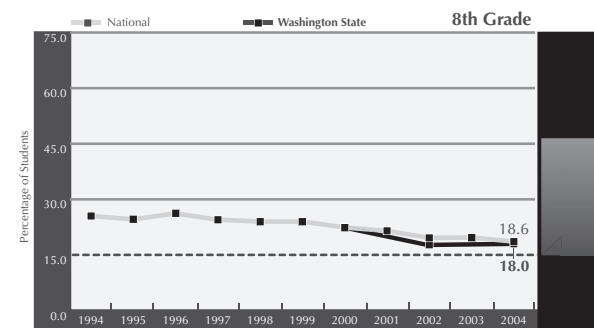
Almost half of Washington students have tried alcohol before they reach high school. Children who begin experimenting with and/or using alcohol at or before 7th grade are significantly more likely at age 23 to be alcohol dependent; use marijuana weekly; sell marijuana; commit felonies; and be arrested.²

¹ Foster, S. et al. "Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking," *Journal of the American Medical Association* Vol. 289 No. 8, February 26, 2003.

² Ellickson, P., Tucker, J., and Klein, D. "Ten-Year Prospective Study of Public Health Problems Associated with Early Drinking," *Pediatrics* 111(5), 2003.

Use of Alcohol in the Past 30 Days by Washington State 8th, 10th, and 12th Graders Has Levelled Off.*

Recent alcohol use among youth appears to be dropping, both nationally and in Washington State. Research indicates that initiation of alcohol use at an early age increases the risk that teenagers will become heavier drinkers as adults, with alcohol-related problems later in life.¹



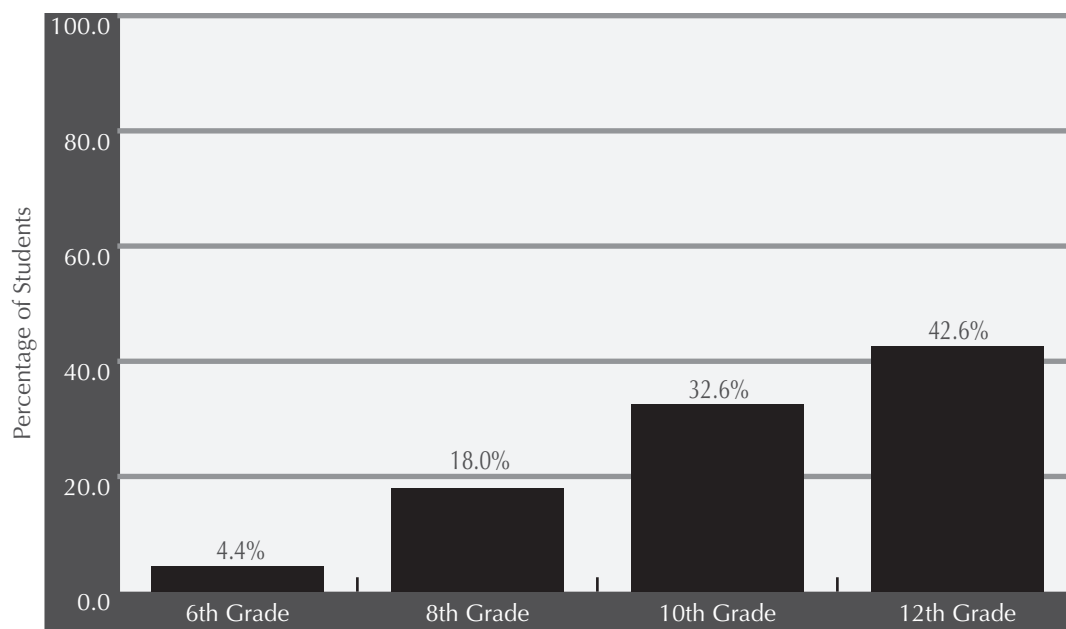
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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¹ Dewit, D., et al. "Age at First Alcohol Use: A Risk Factor for the Development of Alcohol Disorders," *American Journal of Psychiatry* 157, 2000; Grant, B., and Dawson, D. "Age at Onset of Alcohol Use and Its Association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey," *Journal of Substance Abuse* 9, 1997.



Almost One Out of Five Washington 8th Graders Report Having Used Alcohol in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

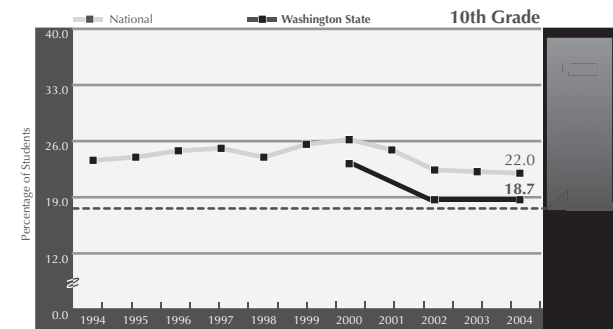
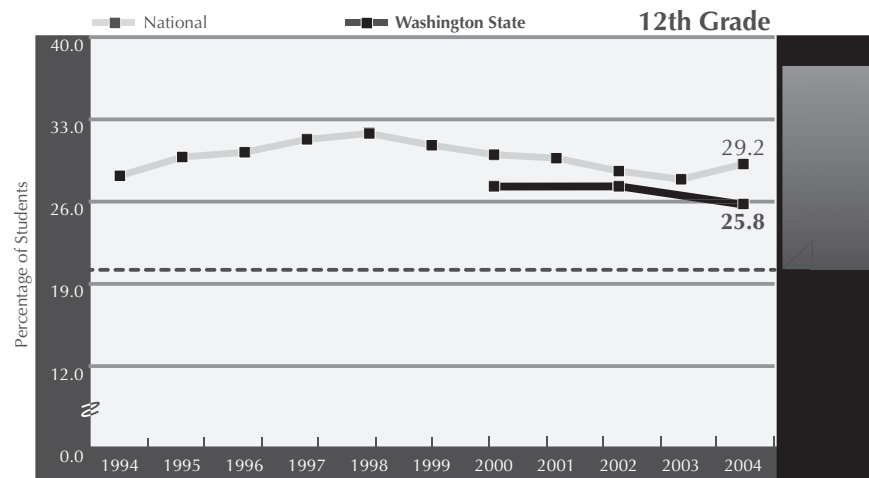
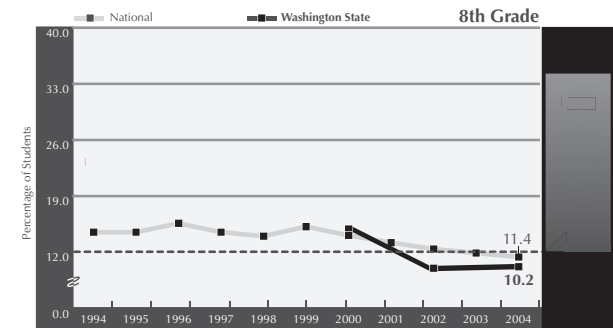
A recent study indicates that youth ages 12-20 are responsible for 19.7% of all alcohol consumed in the United States.¹ Despite the fact that it is illegal, more than 40% of Washington high school seniors report using alcohol in the past 30 days. Teenage drinking is associated with a full range of academic, social, and medical consequences, including juvenile delinquency and crime, risky sexual behavior and teen pregnancy, poor academic progress and school dropout rates, and unintentional injuries and death.²

¹ Foster, S., et al. "Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking." *Journal of the American Medical Association* 288 (8), February 26, 2003.

² *Ibid.*

Recent Binge Drinking by Washington State 8th, 10th, and 12th Graders is Leveling Off.*

These graphs indicate that in 2004, the percentage of Washington State students engaging in recent binge drinking saw little decline from the previous survey. Recent binge drinking is defined as having five or more drinks in a row on at least one occasion in the past two weeks. Youth who begin binge drinking at an early age are much more likely to continue as binge drinkers as adults.¹



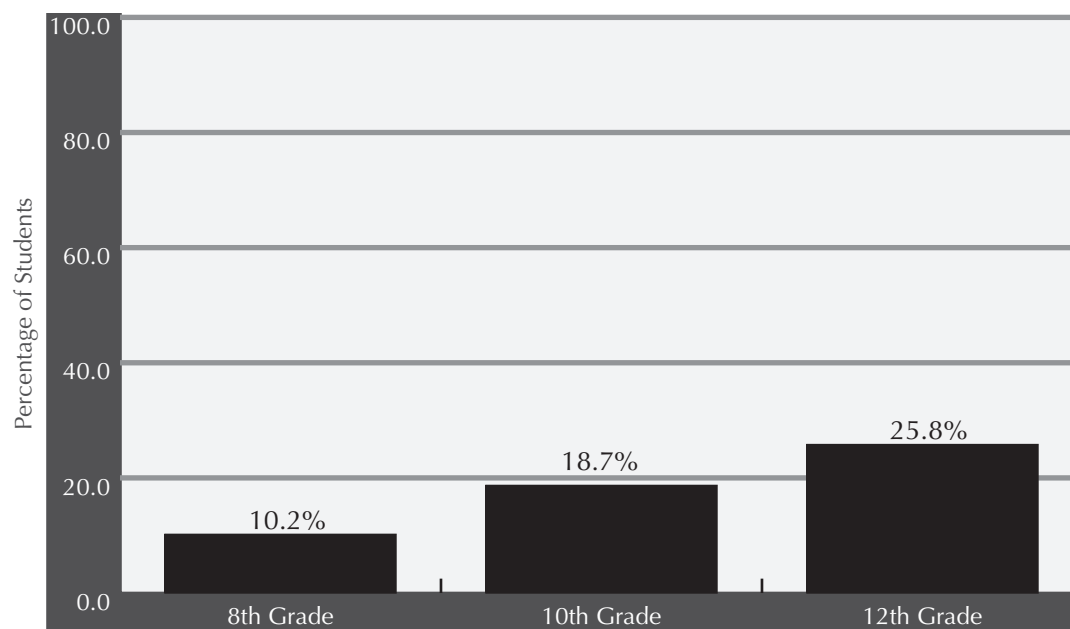
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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¹ McCarty, C., et. al. "Continuity of Binge and Harmful Drinking from Late Adolescence to Early Adulthood," *Pediatrics* 114(3), 2004.



More Than a Quarter of Washington Seniors Have Engaged in Recent Binge Drinking.

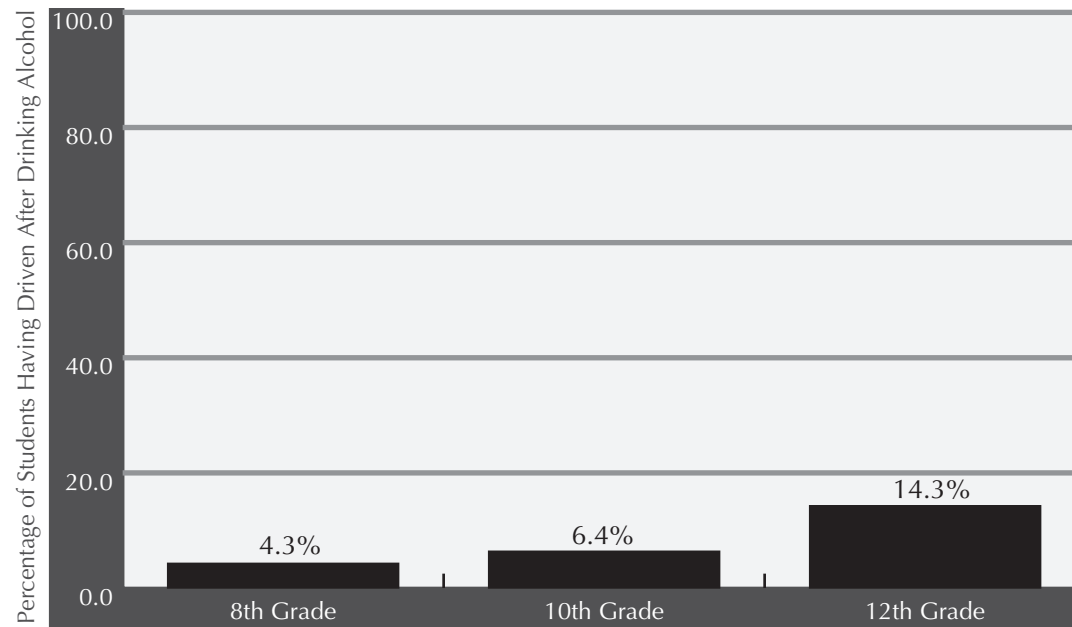


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

Recent binge drinking is defined as consuming five or more drinks in a row on at least one occasion in the past two weeks. A 2000 survey of Washington students indicates that binge drinking may start as early as the 6th grade, or earlier.¹ Heavy drinking among youth has been linked to motor vehicle crashes and deaths, physical fights, property destruction, poor school and employment performance, and involvement with law enforcement and the legal system.

¹ Office of Superintendent of Public Instruction. *Washington State Survey of Adolescent Health Behaviors – 2000*. Olympia, WA: 2000.

In 2004, Almost 5% of Washington State 8th Graders Had Driven a Vehicle After Drinking Alcohol.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

The *Washington State Healthy Youth Survey* facilitates the cross-tabulation of substance abuse among students with other behaviors in schools and communities. Significant percentages of Washington students in 8th, 10th, and 12th grades have driven after drinking alcohol. This is true even among students too young to possess a drivers license.

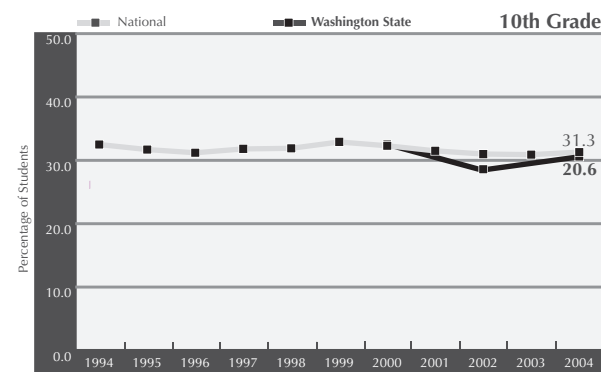
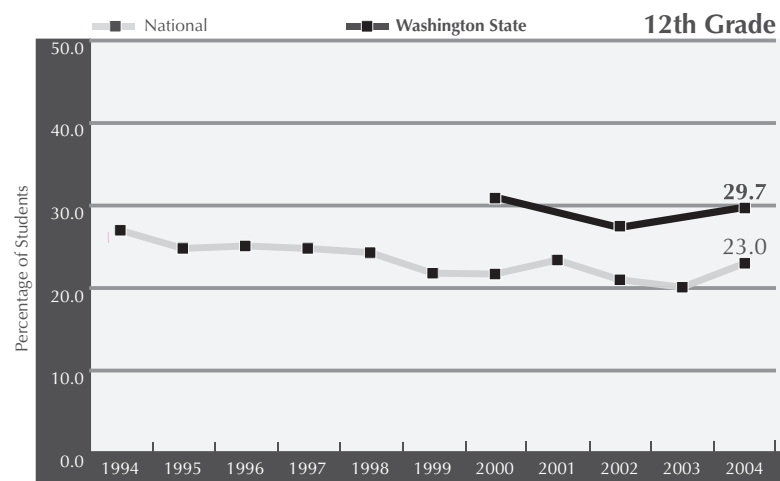
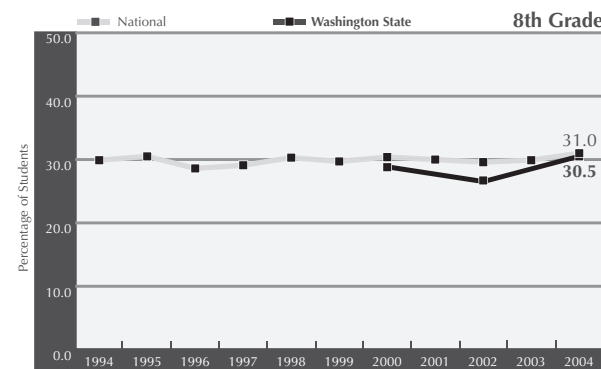
According to the National Highway Traffic Safety Administration, nationally 7,884 drivers ages 15-20 were involved in fatal alcohol crashes in 2003, killing 8,666 people. Some 3,657 of those killed were drivers, nearly a third of whom had been drinking. Motor vehicle fatalities are the leading cause of death among youth ages 8-20.¹

¹ National Highway Traffic Safety Administration. "Parents Who Host Lose the Most: Sample Fact Sheet & Talking Points". Washington, DC: U.S. Department of Transportation, 2005.



About 70% of Washington State 8th, 10th, and 12th Grade Students Do Not Perceive Great Risk from Drinking 1-2 Alcohol Drinks Nearly Every Day.

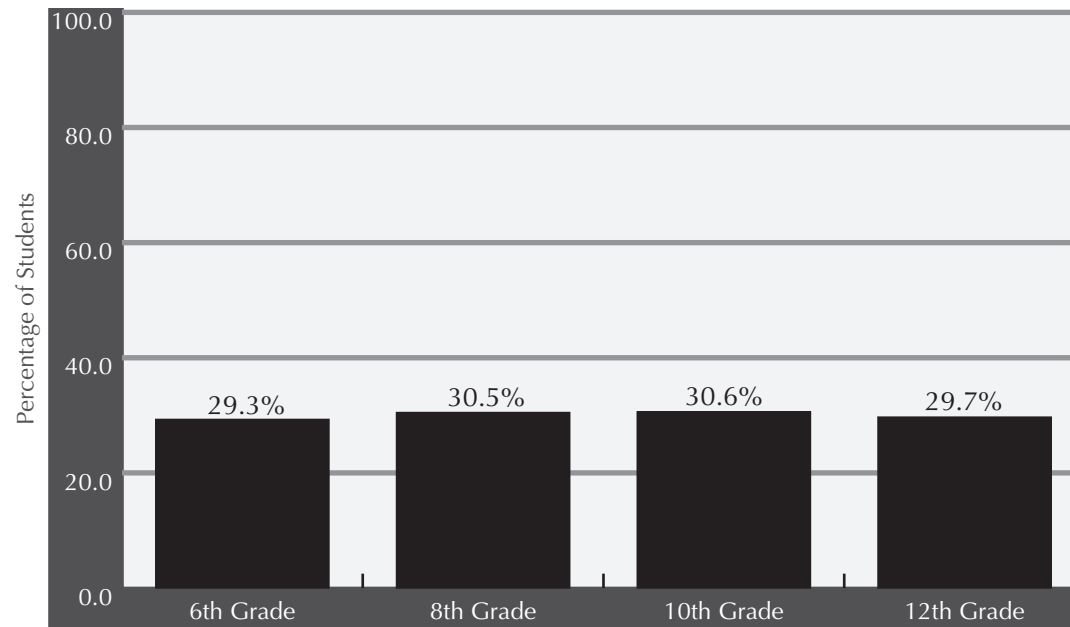
This graph indicates that approximately 70% of Washington 8th, 10th, and 12th grade students do not perceive great risk in near-daily alcohol consumption. National data indicate that student perception of risk regarding both regular use of alcohol and heavy drinking is relatively low, perhaps suggesting a high degree of acceptability of alcohol consumption among students.



Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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Fewer than One Third of Washington State 6th, 8th, 10th, and 12th Graders Perceive Great Risk from Drinking 1-2 Alcohol Drinks Nearly Every Day.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2002*.

Research indicates that attitudes about specific drugs and alcohol are among the most important determinants of actual use.¹ Perception of great risk from near-daily use of alcohol among Washington State students is increasing, but very slowly, and is still a small fraction of the total number of students. Perception of risk also does not increase with age (and hence exposure to anti-alcohol-related programs), likely meaning efforts to increase risk perception are offset by other societal and advertising messages.

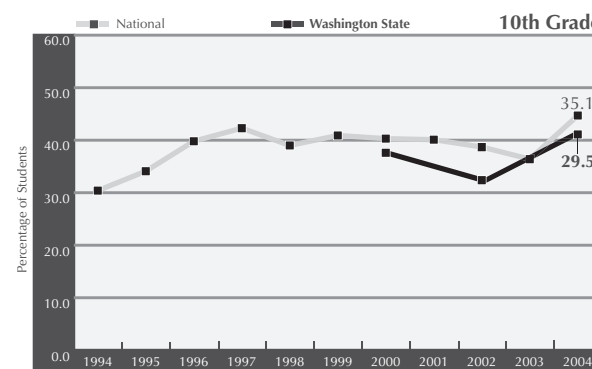
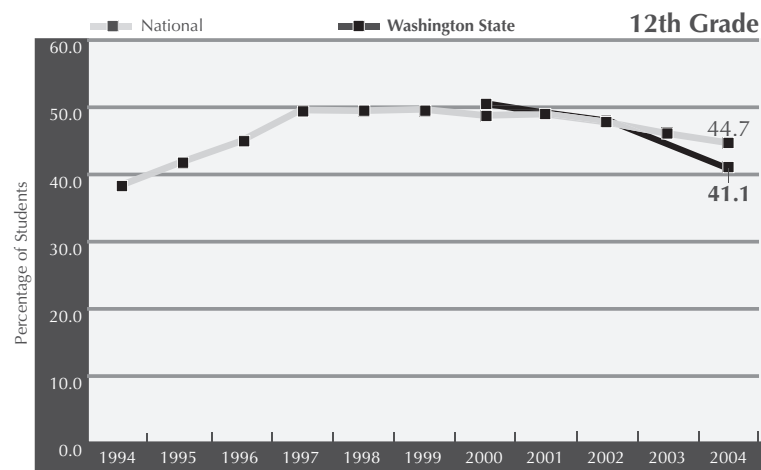
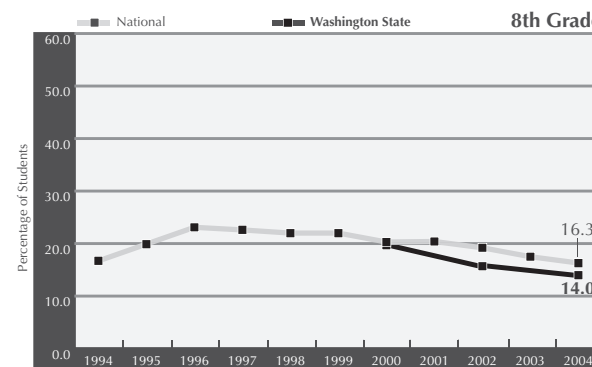
¹ Bachman, J., Johnston, L., and O'Malley, P. "Explaining Recent Increases in Students' Marijuana Use: Impacts of Perceived Risks and Disapproval," *American Journal of Public Health* 88(6), 1988.



The Percentage of Students in Washington State Who Have Tried Marijuana is Declining.*

Besides being associated with a variety of health risks, marijuana use can contribute to risky behaviors and adverse physical and social consequences. Marijuana use among students in Washington State appears to be on the decline. The state target is to raise the average age of adolescents' first use of marijuana to 16.

A 2002 national study indicates that 36% of youth ages 14-17 report they can purchase illegal drugs within five blocks of their home.¹

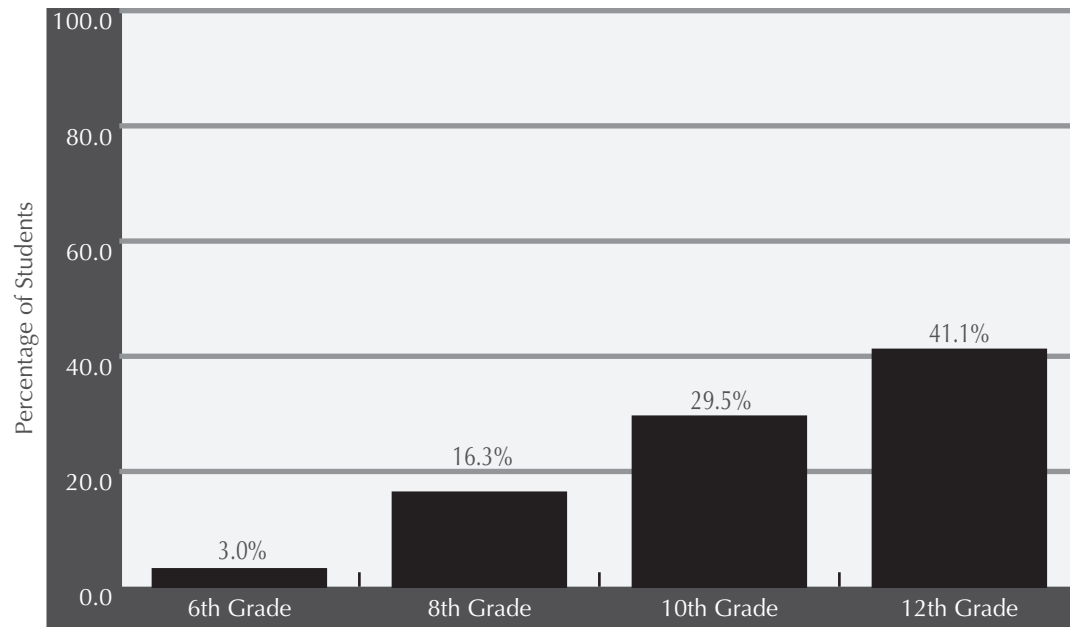


Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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¹ Institute for Adolescent Risk Communication. *Access to Risky Products and Perceptions of Risky Behavior and Popularity*. Philadelphia, PA: University of Pennsylvania, Annenberg Public Policy Center, 2002.

By 12th Grade, About Half of Washington Students Have Tried Marijuana.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

About one fifth of Washington students begin use of marijuana while they are in middle school. A study conducted by the National Center on Addiction and Substance Abuse at Columbia University (CASA) found that substance abuse and addiction nationally added \$41 billion, or 10%, to the cost of elementary and secondary education in 2001 due to class disruption and violence, special education and tutoring, teacher turnover, children being left behind, student assistance programs, property damage, injury, and counseling.

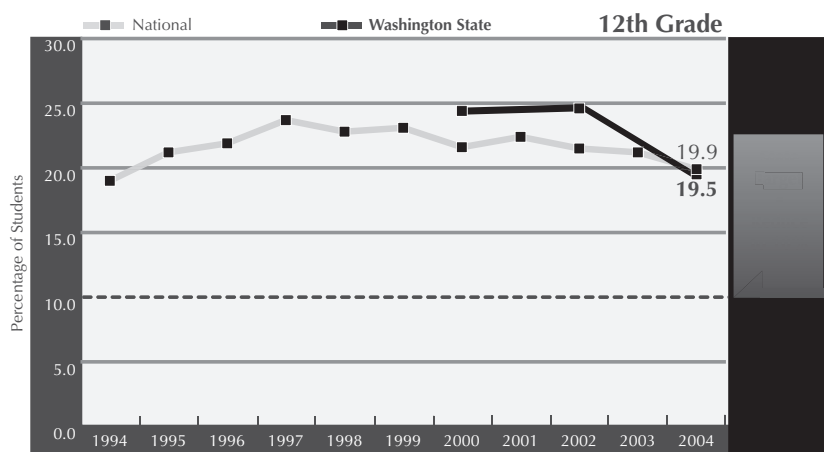
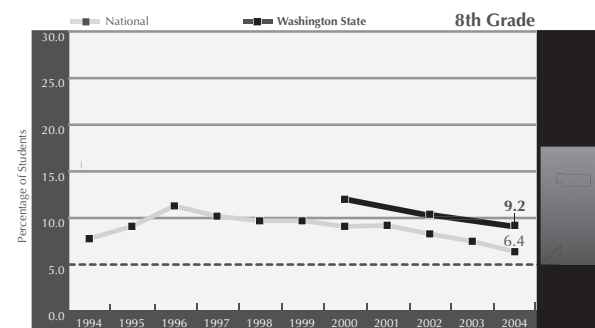
CASA also estimates that 60% of high school students and 30% of middle school students attend schools where illegal drugs are kept, sold, and used. Among 10th graders surveyed, 87% said it was easy to get tobacco, 88% to obtain alcohol, and 78% to get marijuana.¹

¹ *Malignant Neglect: Substance Abuse and America's Schools*. New York, NY: The National Center on Addiction and Substance Abuse at Columbia University, 2001.



Marijuana Use in the Past 30 Days Among Washington State 8th, 10th, and 12th Graders is Declining.*

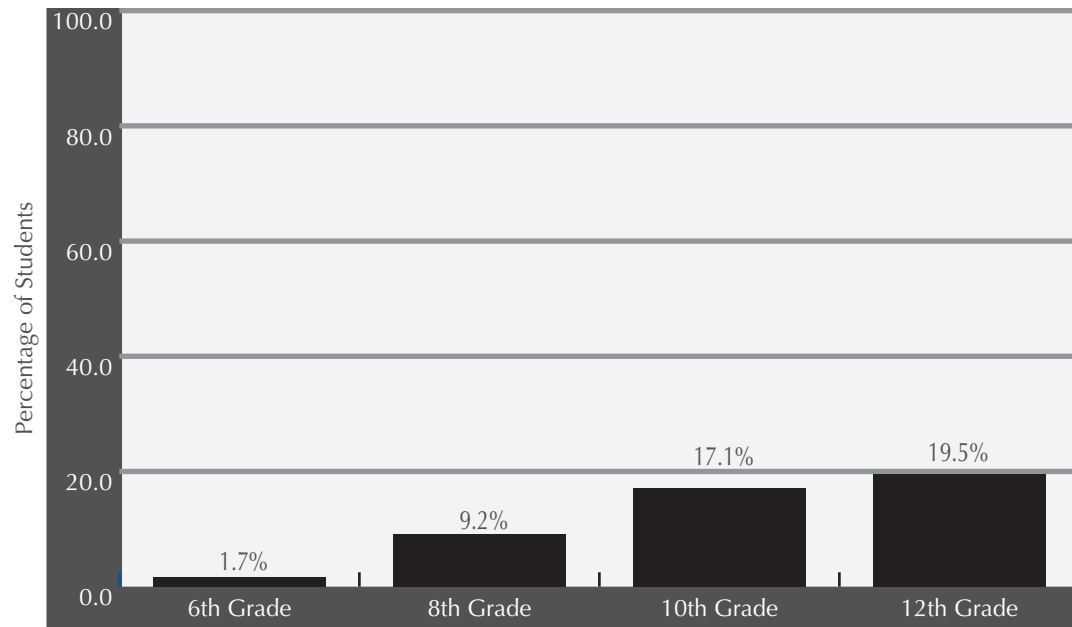
Both nationally and in Washington State, after almost a decade of increases, marijuana use among 8th, 10th, and 12th graders appears to have peaked, and is now beginning to decline.



Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

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About One Fifth of Washington High School Seniors Report Having Used Marijuana in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

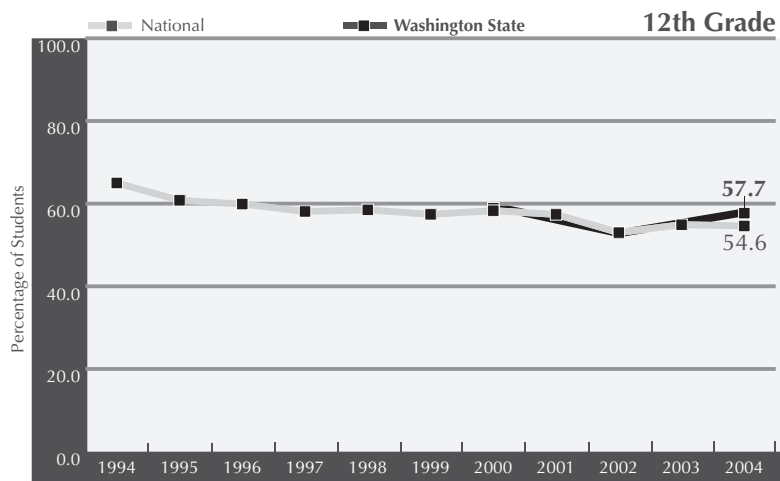
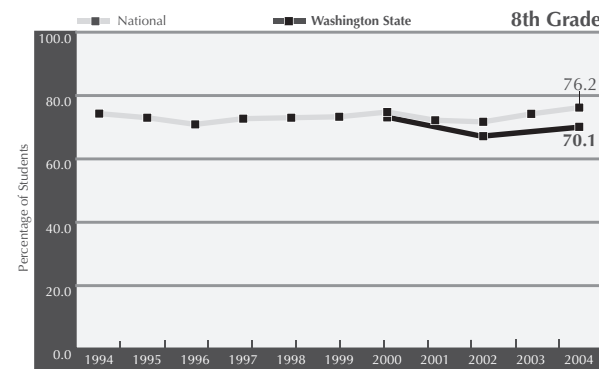
Marijuana use among adolescents follows a predictable pattern, with the highest incidence of use occurring among high school seniors. *Healthy People 2010* recommends a multicomponent approach to youth substance abuse prevention to increase the effectiveness of efforts. Such an approach would include focusing on mobilizing and leveraging resources, raising public awareness, and countering pro-use messages.¹

¹ U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 26-28. Washington, DC: 2000.



The Percentage of 8th, 10th, and 12th Graders Who Perceive Great Risk from Regular Marijuana Use Appears to Have Levelled Off.*

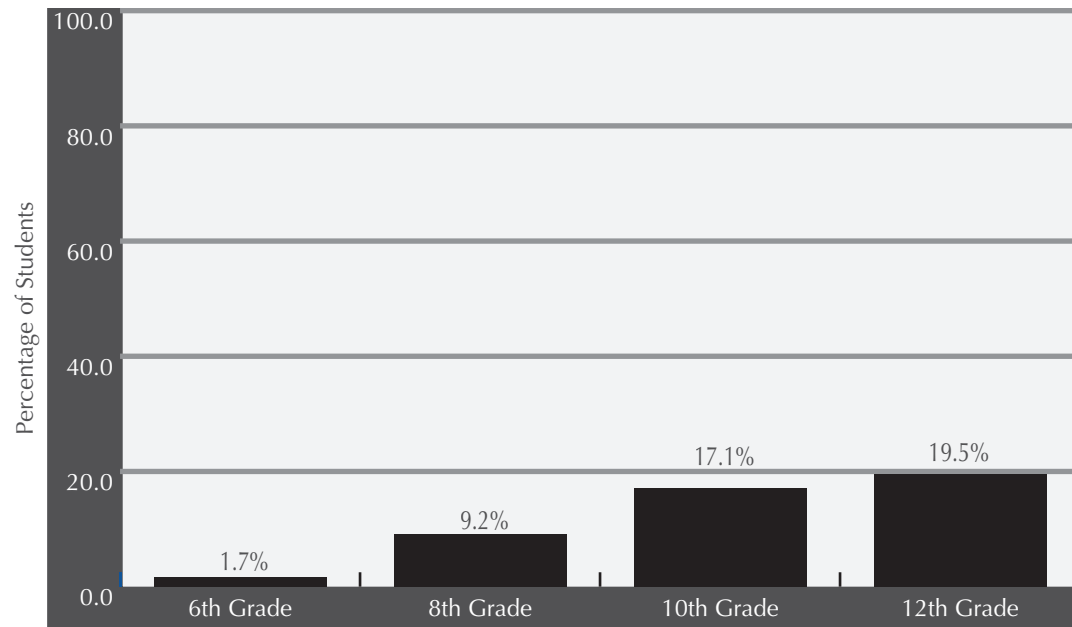
Both nationally and in Washington State, perception of risk from regular marijuana use declines as students get older.



Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

* The Washington State Healthy Youth Survey (HYS) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between HYS and MTF thus should not be made, except for the purpose of viewing trends.

The Percentage of Washington State Students Who Perceive Great Risk from Marijuana Use Declines as They Get Older.

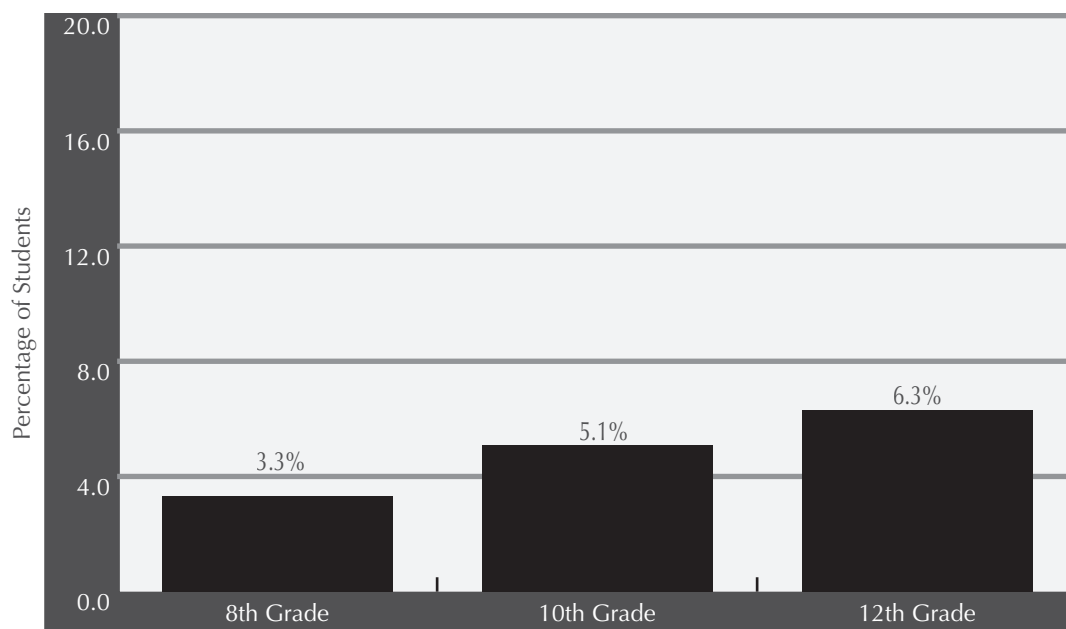


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

The percentage of students in Washington State and nationally, who perceive great risk from regular marijuana use declines as they get older. This is contrary to the way students perceive the risk of regular cigarette use, which increases with age.



In 2004, More than 6% of Washington State High School Seniors Reported Having Tried Methamphetamine.

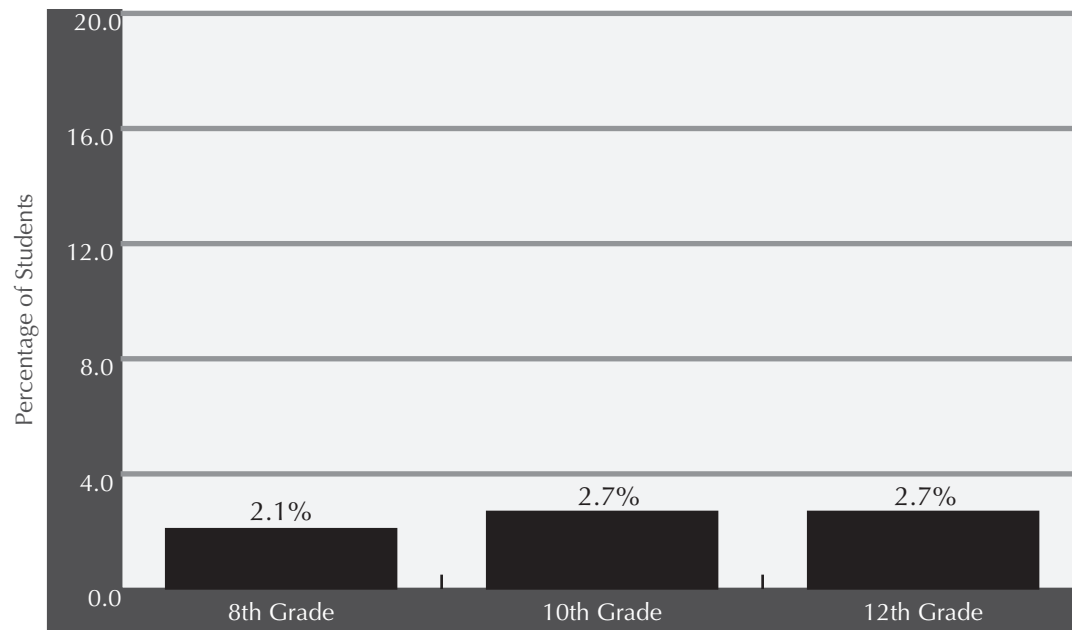


Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

Researchers funded by the National Institute on Drug Abuse have found a range of negative cognitive effects from use of methamphetamine, often associated with brain cell damage. Some of this damage is long-term, and users may not fully recover after they have become abstinent.¹ Recent data from the Washington State Healthy Use Survey suggest that lifetime methamphetamine use among Washington State teenagers may have peaked.

¹ National Institute on Drug Abuse. "Brain Imaging Studies Show Long-Term Damage from Methamphetamine Abuse." *NIDA Notes* 15(3), August 2000; National Institute on Drug Abuse, "Methamphetamine Abuse Linked to Impaired Cognitive and Motor Skills Despite Recovery of Dopamine Transporters," *NIDA Notes* 17(1), April 2002.

In Washington State, Use of MDMA/ Ecstasy Among Washington State 8th, 10th, and 12th Grade Students is Low.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

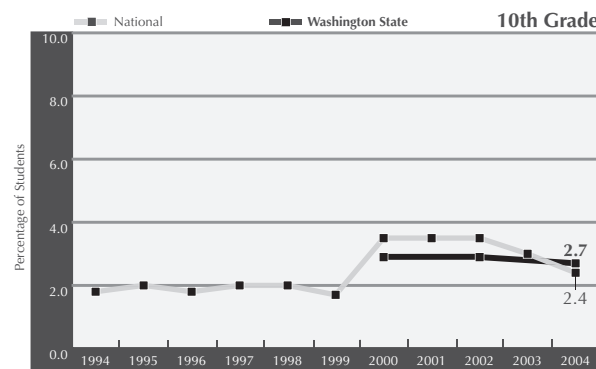
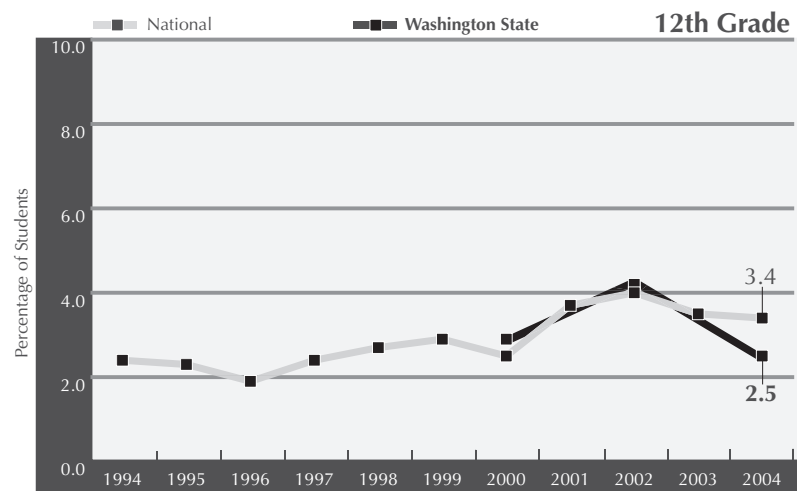
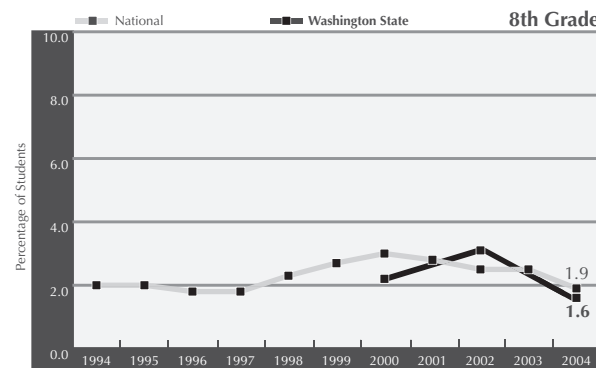
MDMA/Ecstasy, one of a variety of substances called “club” or “party” drugs because of where they are often ingested, has been shown to produce long-lasting damage to the neurons that release serotonin, and may be associated with depression, sleep disorders, anxiety, and memory impairment.¹ The most recent *Healthy Youth Survey* indicates that past 30-day use of MDMA/Ecstasy among Washington youth is on the decline.

¹ National Institute on Drug Abuse. *NIDA Community Drug Alert Bulletin – Club Drugs*, December 1999.



Both Nationally and in Washington State, Steroid Use by Students Seems to Be Declining.*

Behavioral and health problems associated with steroid use include suicides, homicides, liver damage, and heart attacks.¹ Use of steroids in Washington State appears to be declining in all grades.

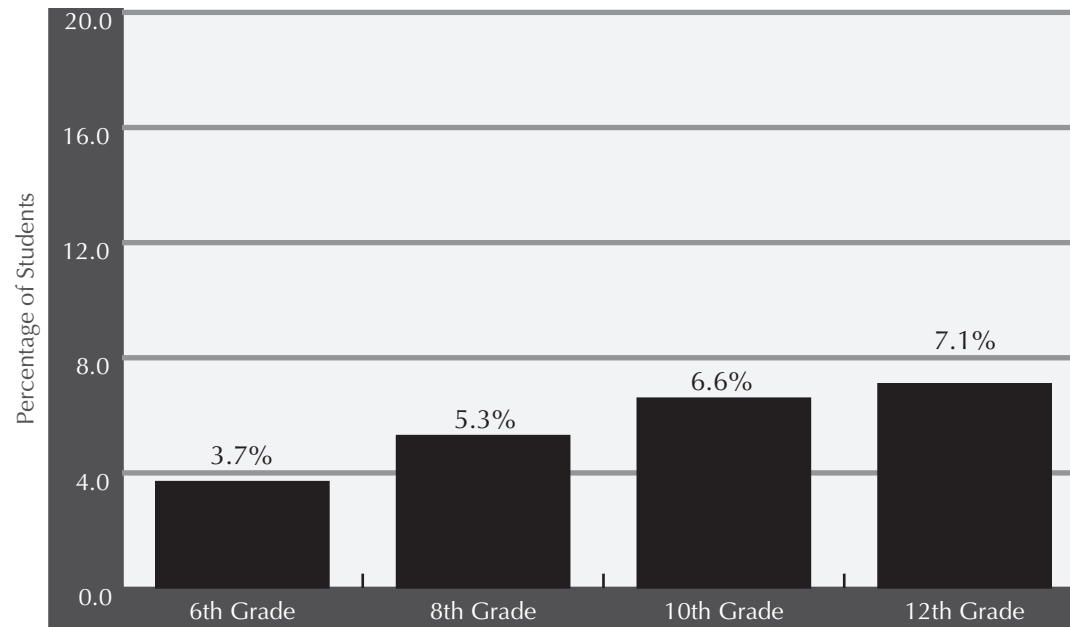


Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey*.

* The Washington State Healthy Youth Survey (HYS) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between HYS and MTF thus should not be made, except for the purpose of viewing trends.

¹ U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 26-36. Washington, DC: 2000.

Almost 4% of Washington State 6th Graders Have Used Inhalants in Their Lifetimes.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

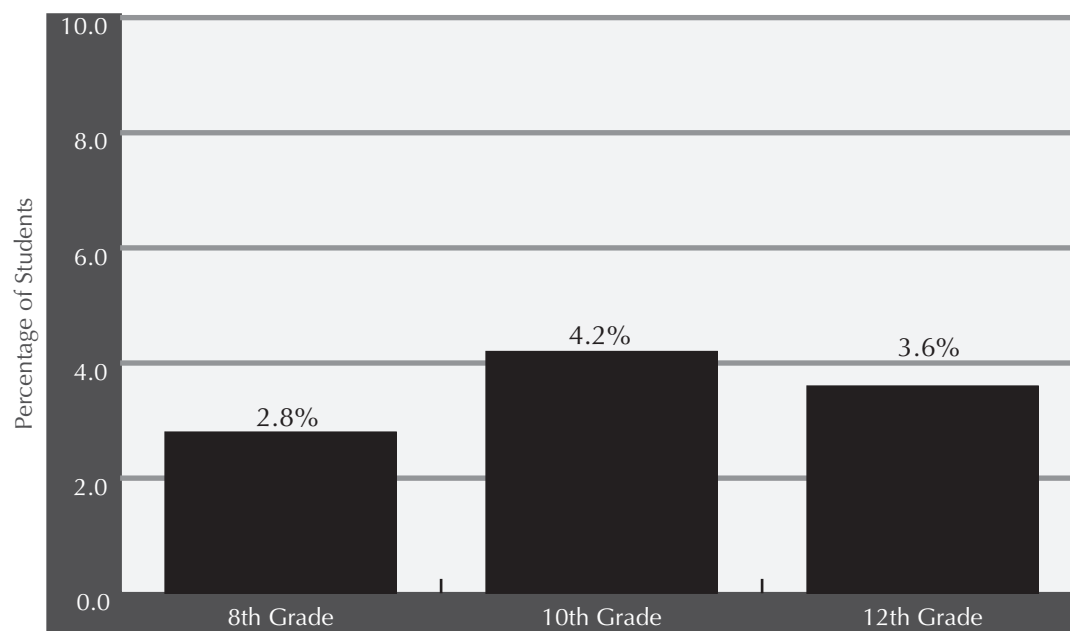
Inhalants are substances whose vapors can be inhaled to produce a mind-altering effect. These include volatile solvents (paint thinners, degreasers, and glue); aerosols (hair sprays and vegetable oil sprays); ether, nitrous oxide, and propane; and nitrites. A single, prolonged session of inhalant use can produce rapid and irregular heart rhythms, heart failure, and death. Chronic exposure can cause widespread and long-lasting damage to the nervous system and other vital organs.¹

It appears that inhalant use by Washington State students peaks among 8th graders, and declines thereafter.

¹ National Institute on Drug Abuse. "Facts About Inhalant Abuse," *NIDA Notes* 15(6), January 2001.



In 2004, More than 4% of Washington State 10th Graders Reported Using Ritalin Illicitly in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

Illicit use of Ritalin by high school students nationwide appears to be on the increase. A recent study found that 10% of youth ages 12-17 had abused Ritalin (and Adderall) at least once. The euphoria produced by excessive, intranasal, or intravenous use of Ritalin is similar to that produced by cocaine and other amphetamines. High doses can lead to delirium, hallucination, and toxic psychosis.¹

Concern regarding the abuse of Ritalin is part of a larger concern about the growing abuse of prescription drugs, especially by teens, which tripled between 1992 and 2003.²

¹ The National Center on Addiction and Substance Abuse at Columbia University (CASA). *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the United States*. New York, NY: CASA, July 2005.

² Ibid.

Peer Substance Abuse Has Significant Negative Impacts on School Performance.



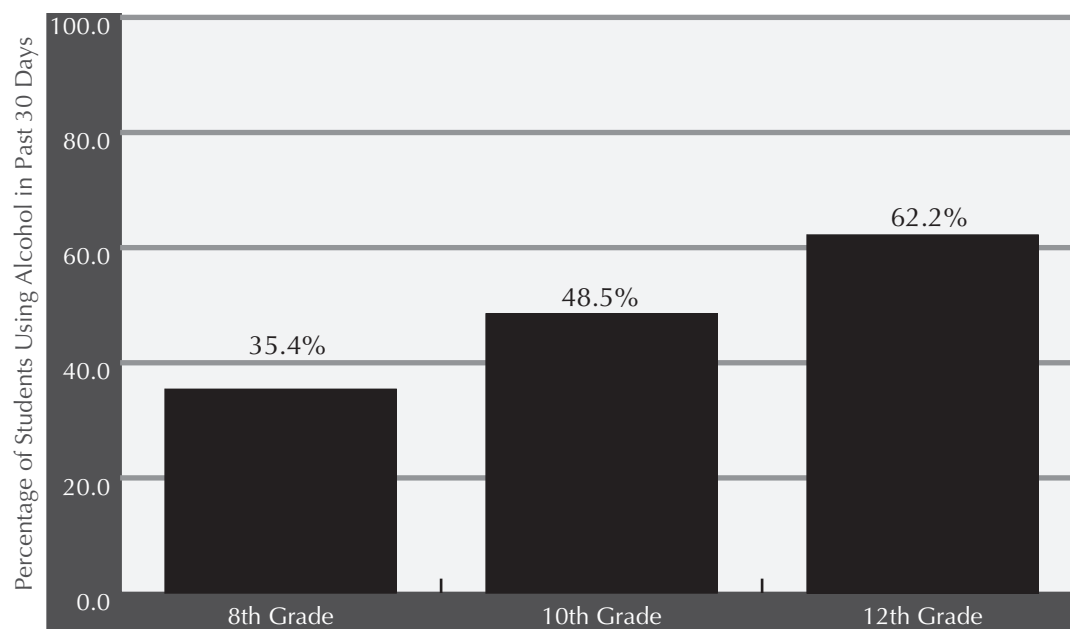
In a study undertaken by Washington Kids Count at the University of Washington's Human Services Policy Center, data from the results of the 1999 Washington Assessment on Student Learning tests were linked with the results of the 1998 Washington Survey of Adolescent Health Behaviors administered in Washington schools. Peer substance use was calculated as the average level of alcohol or drug use by students of the same age, gender, and race-ethnic group in the school.

Among middle schoolers:

- *Students whose peers had little or no involvement with drinking and drugs scored substantially higher than students whose peers had a low level of drinking or drug use.*
- *The entire average difference in whether or not students met the state reading and math standards was accounted for by the degree to which their peers used alcohol or other drugs.*
- *The most important factors reliably indicating the level of substance abuse in a school are whether students start antisocial behavior at an early age, whether the prevailing attitudes of the students condone or condemn antisocial behavior, and whether students have opportunities for productive involvement in school and community activities.¹*



Students Who Report Poor Grades are More Likely to Have Used Alcohol in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Healthy Youth Survey – 2004*.

The *Washington State Healthy Youth Survey* allows for the cross-tabulation of substance abuse among students with other behaviors in schools and communities. Alcohol use in the past 30 days is associated with self-reported poor grades (grades last year mostly Ds and Fs). In 2004, of 10th graders reporting poor grades, 15.1% used alcohol ten or more times in the past 30 days. This association begins early, with 7.3% of 6th graders reporting poor grades having used alcohol in the past 30 days.

The Problem: Substance Abuse Prevalence & Trends

PREVALENCE

Adolescent
Substance
Use and Beliefs

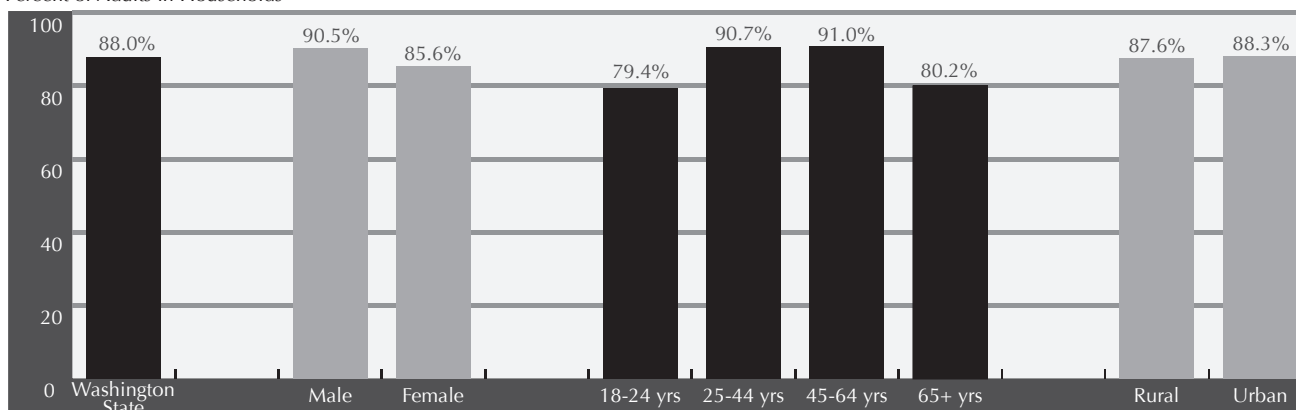
Adult
Substance
Use



Males and Those Ages 25-44 Have Higher Rates of Alcohol Use.

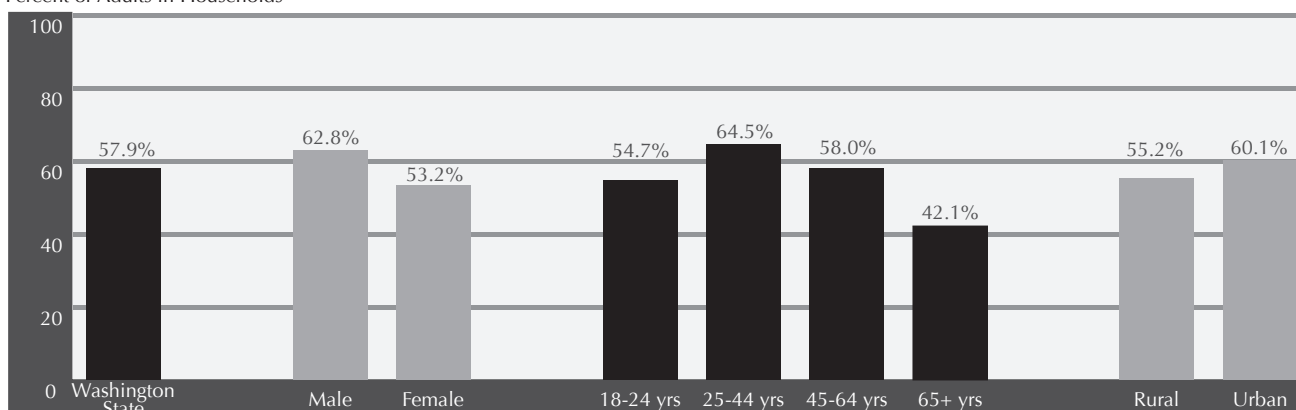
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30-Day Use of Alcohol

Percent of Adults in Households



Source: *Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.

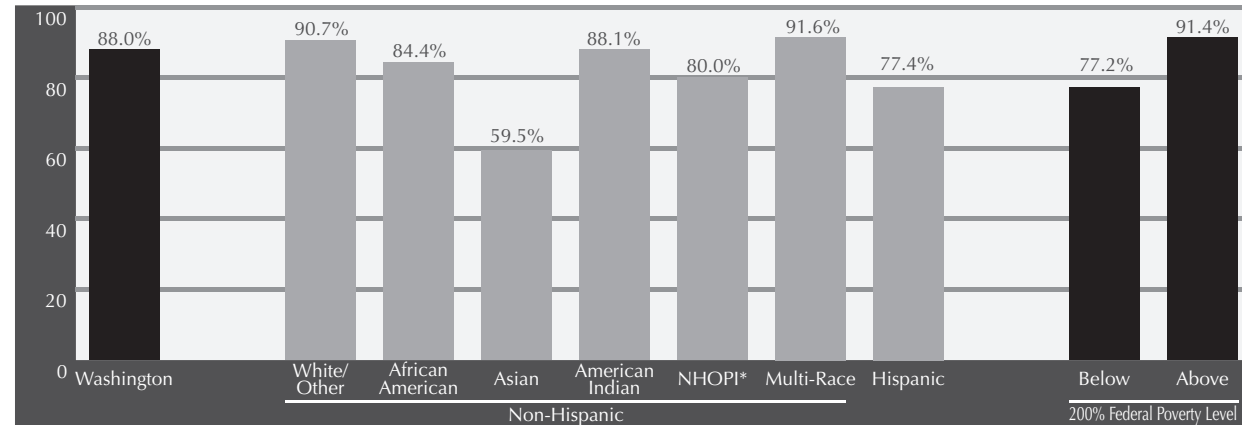
Note: Past 30-Day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.

Asian-Americans, Hispanics, and Lower-Income Individuals Have Lower Rates of Alcohol Use.



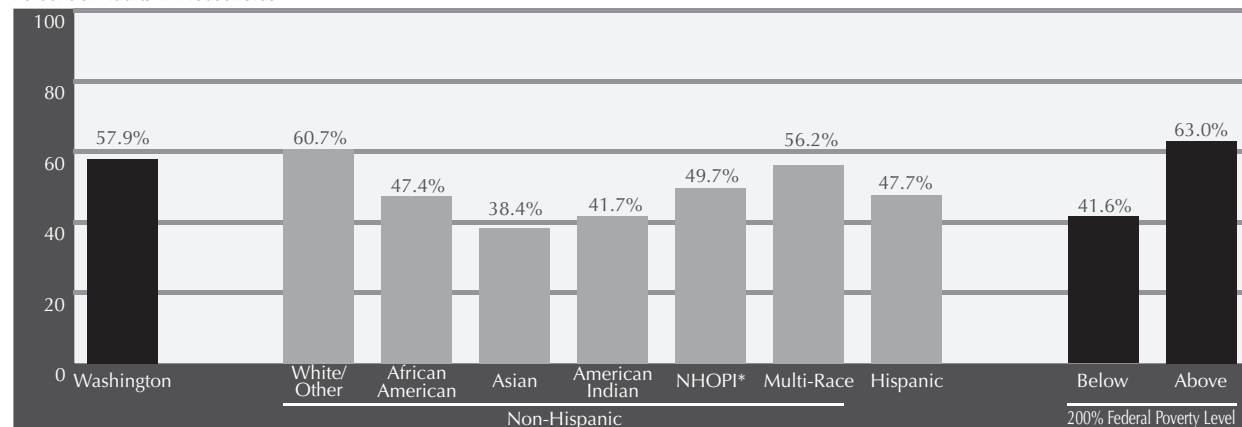
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30-Day Use of Alcohol

Percent of Adults in Households



*Native Hawaiian or Pacific Islander

Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.

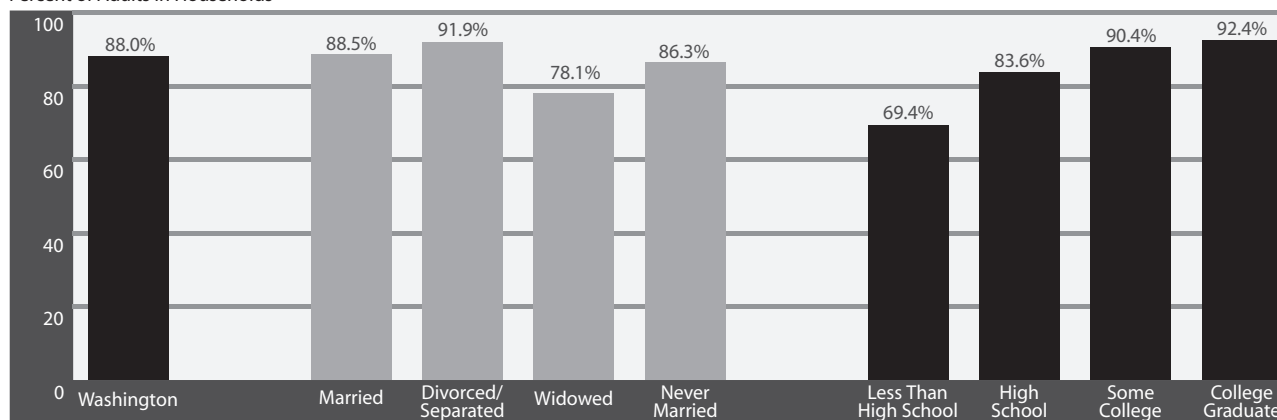
Note: Past 30-Day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.



Widowed Individuals and Those Who Never Completed High School Have Lower Rates of Alcohol Use.

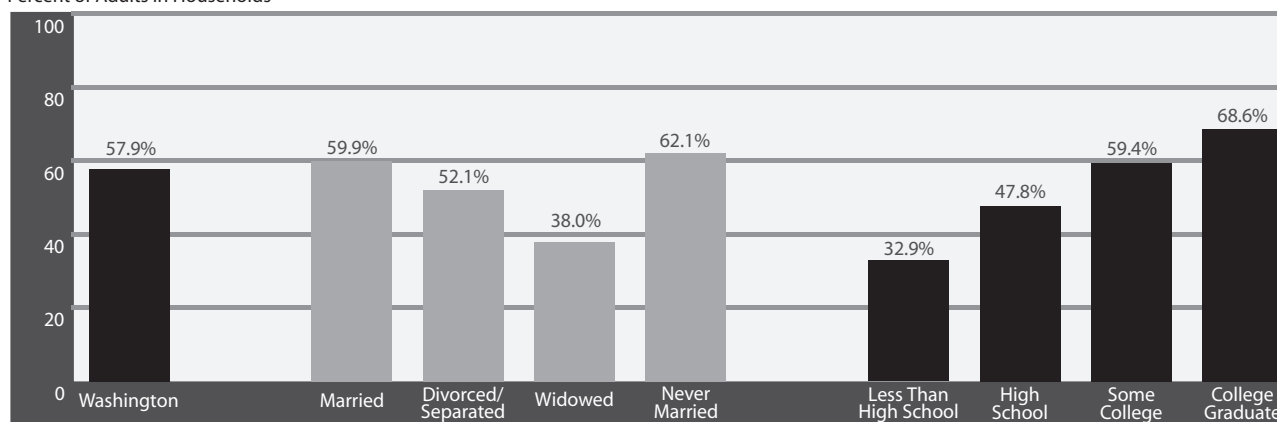
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30-Day Use of Alcohol

Percent of Adults in Households



Source: *Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.

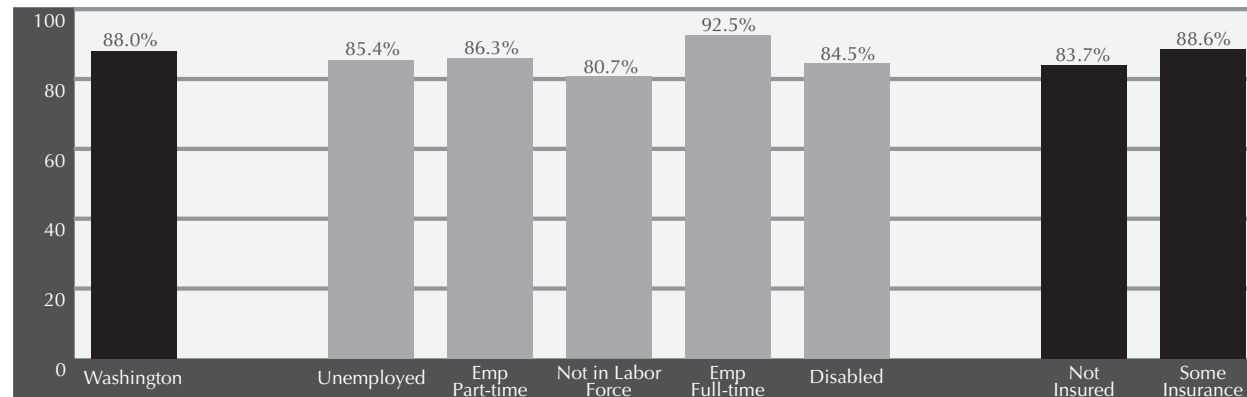
Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.
 Note: Past 30-Day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.

Individuals Not in the Labor Force and Disabled, or Who are Without Health Insurance are Less Likely to Have Used Alcohol in the Past 30 Days.



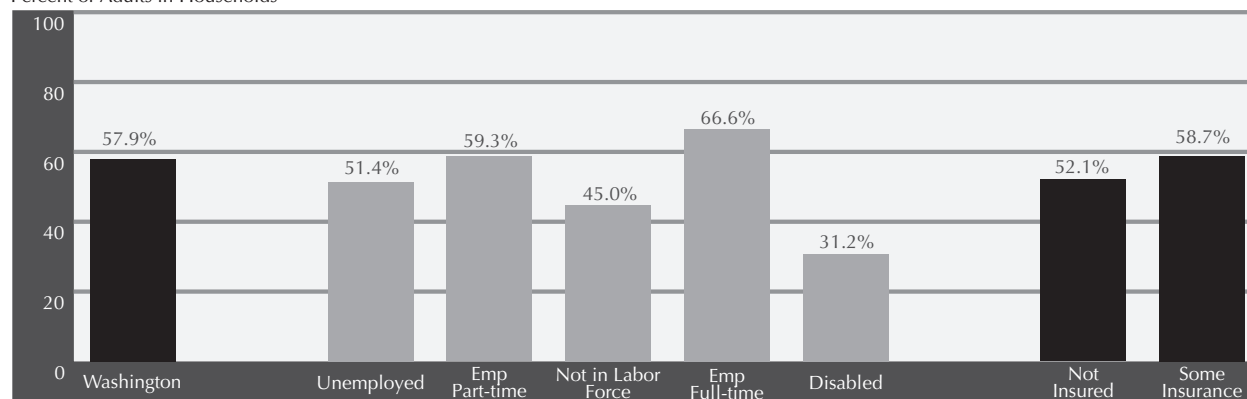
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30-Day Use of Alcohol

Percent of Adults in Households



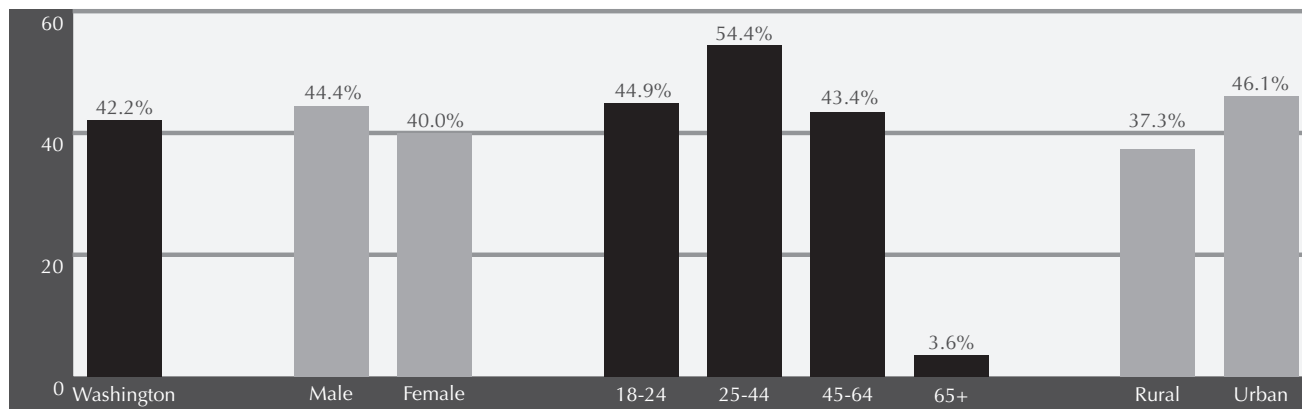
Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.



Individuals Over Age 65 and Rural Residents Have Lower Rates of Marijuana Use.

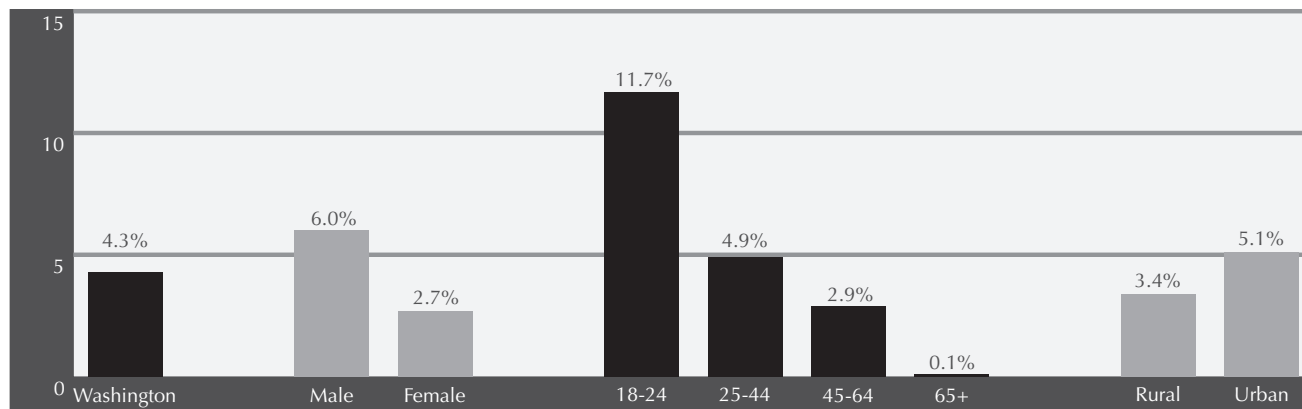
Lifetime Use of Marijuana

Percent of Adults in Households



Past 30-Day Use of Marijuana

Percent of Adults in Households



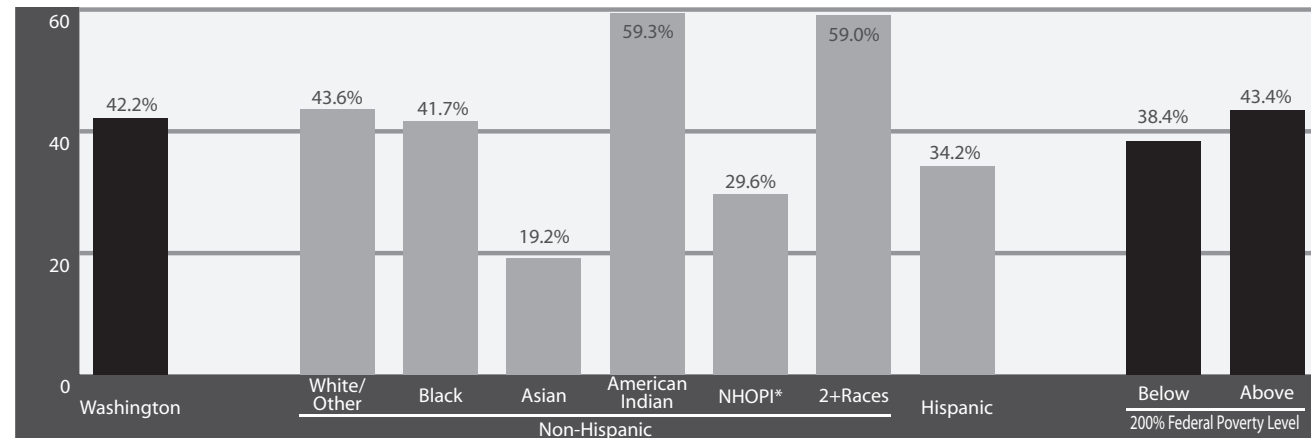
Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.

Asian-Americans and Native Hawaiians/ Pacific Islanders Have Lower Rates of Marijuana Use.



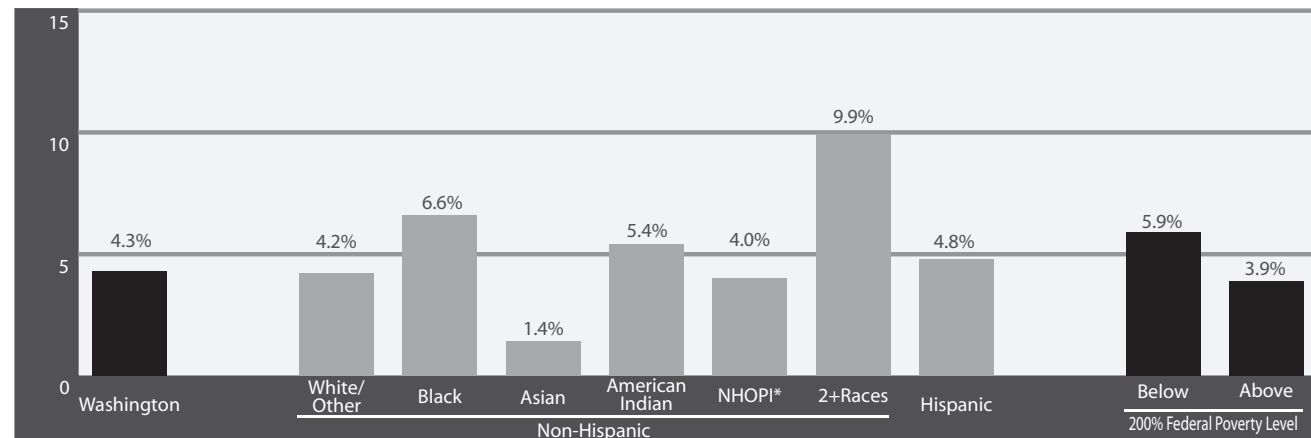
Lifetime Use of Marijuana

Percent of Adults in Household



Past 30-Day Use of Marijuana

Percent of Adults in Household



*Native Hawaiian or Pacific Islander

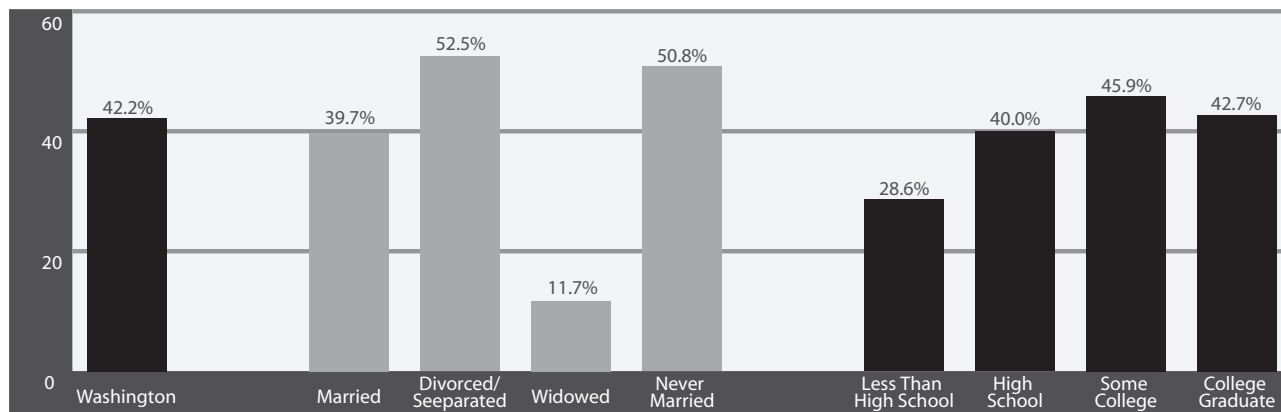
Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.



Widowed Individuals and Those Who Never Completed High School Have Lower Rates of Marijuana Use.

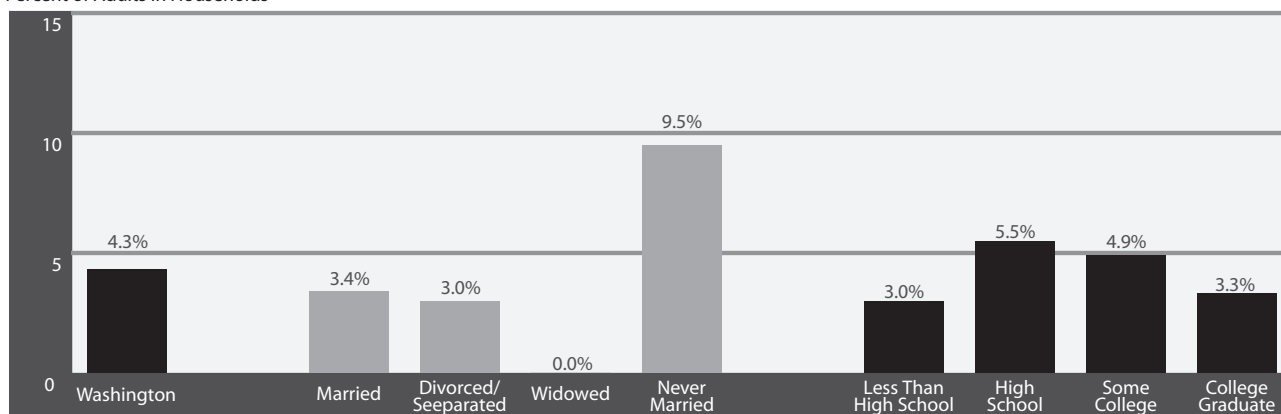
Lifetime Marijuana Use

Percent of Adults in Households



Past 30-Day Use of Marijuana

Percent of Adults in Households



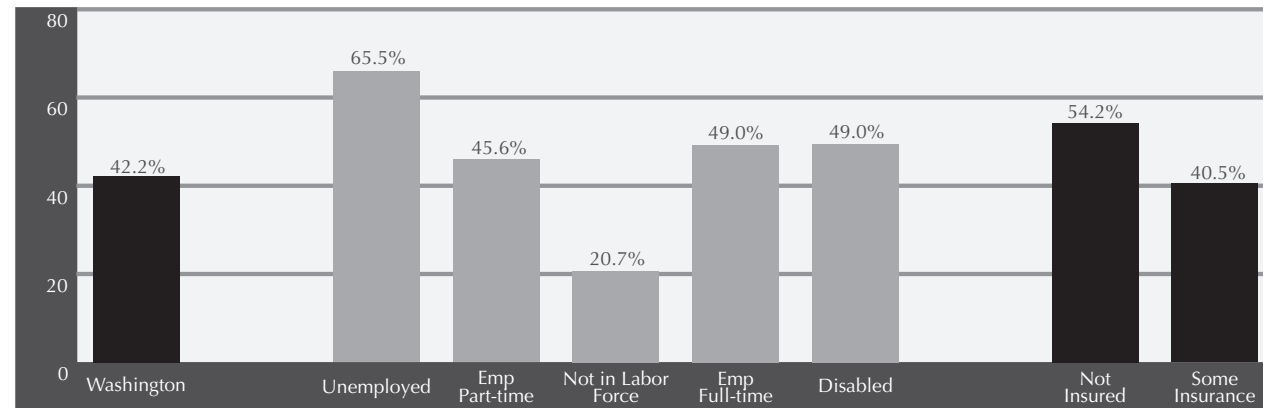
Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.

Individuals Not in the Labor Force, and Those With Health Insurance are Less Likely to Have Used Marijuana in the Past 30 Days.



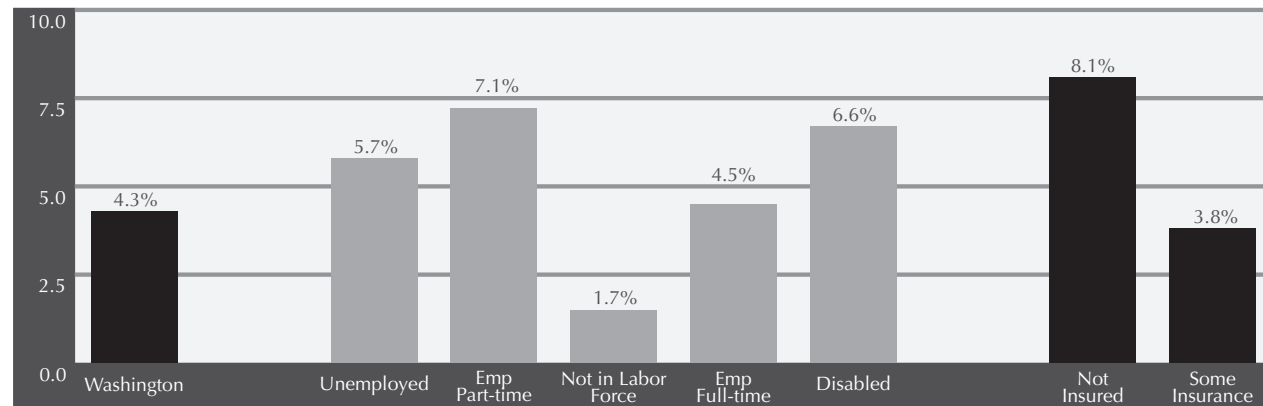
Lifetime Marijuana Use

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Past 30-Day Use of Marijuana

Percent of Adults in Households



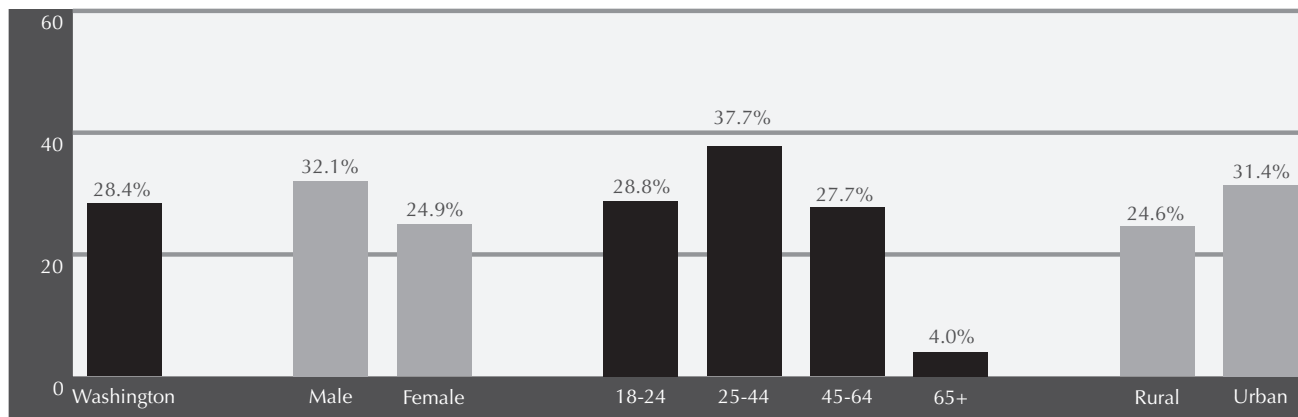
Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.



Individuals Over Age 65 and Rural Residents Have Lower Rates of Use of Illicit Drugs Other than Marijuana.*

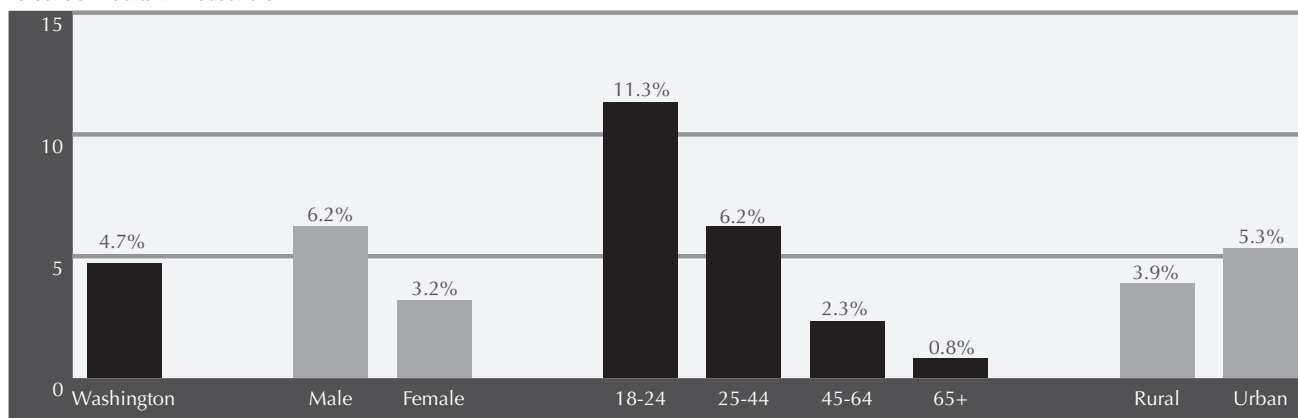
Lifetime Use of Illicit Drugs Other than Marijuana

Percent of Adults in Household



Past 12-Month Use of Illicit Drugs Other than Marijuana

Percent of Adults in Household



Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.

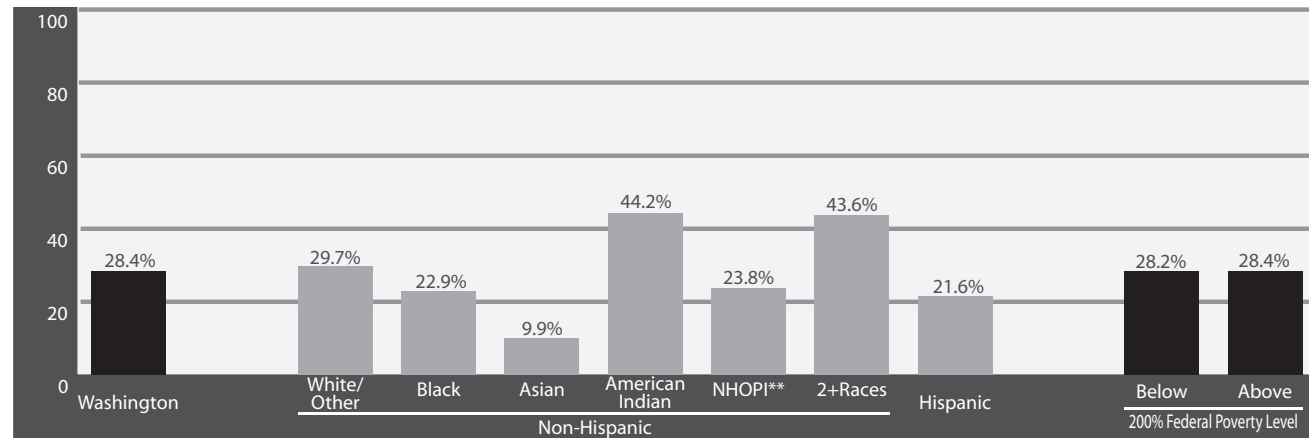
* Illicit drugs other than marijuana include cocaine, stimulants, hallucinogens, heroin, opiates, tranquilizers, sedatives, and inhalants.

American Indians and Multi-Race Individuals Have Higher Rates of Use of Illicit Drugs Other than Marijuana.*



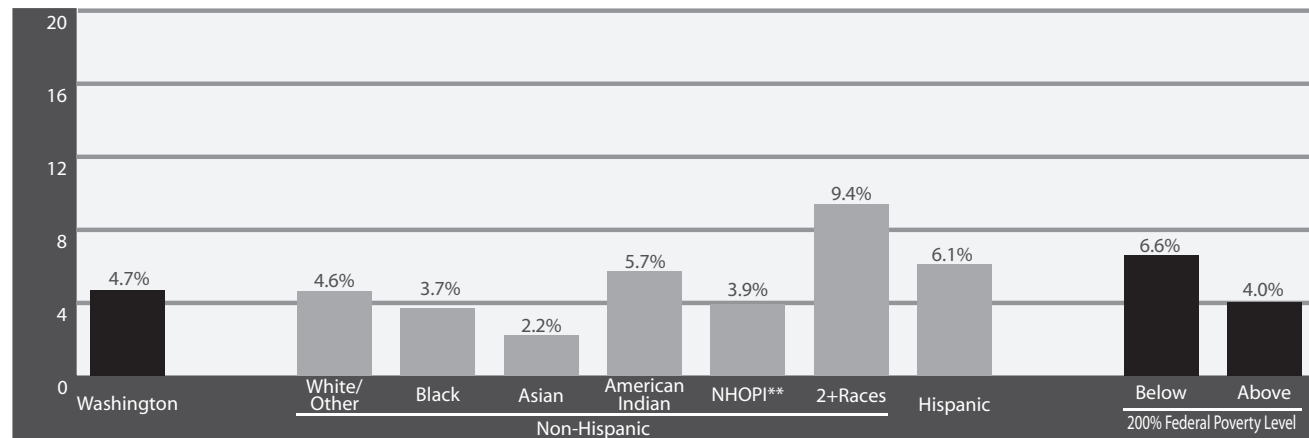
Lifetime Use of Illicit Drugs Other than Marijuana

Percent of Adults in Household



Past 12-Month Use of Illicit Drugs Other than Marijuana

Percent of Adults in Household



**Native Hawaiian or Pacific Islander

Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.

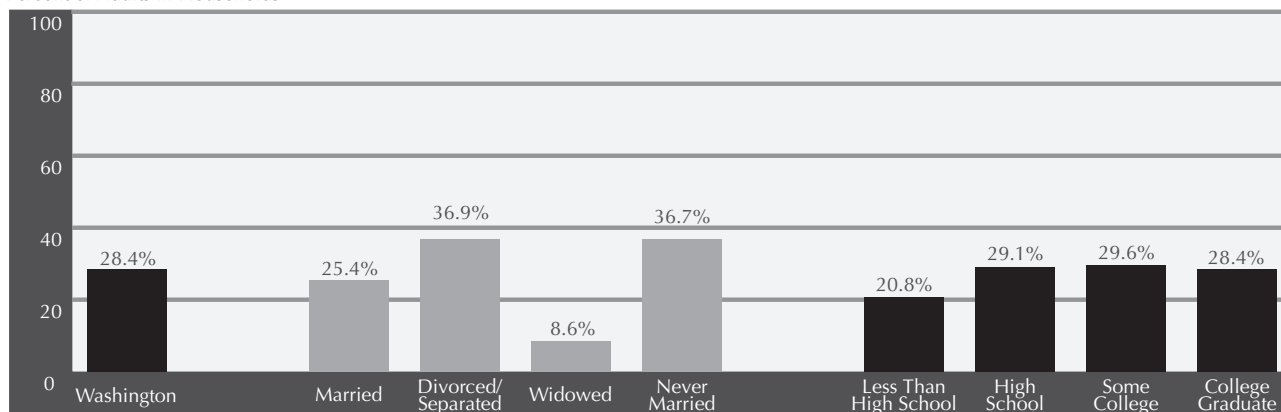
* Illicit drugs other than marijuana include cocaine, stimulants, hallucinogens, heroin, opiates, tranquilizers, sedatives, and inhalants.



Widowed Individuals and Those Who Never Graduated from High School Have Lower Rates of Use of Illicit Drugs Other than Marijuana.*

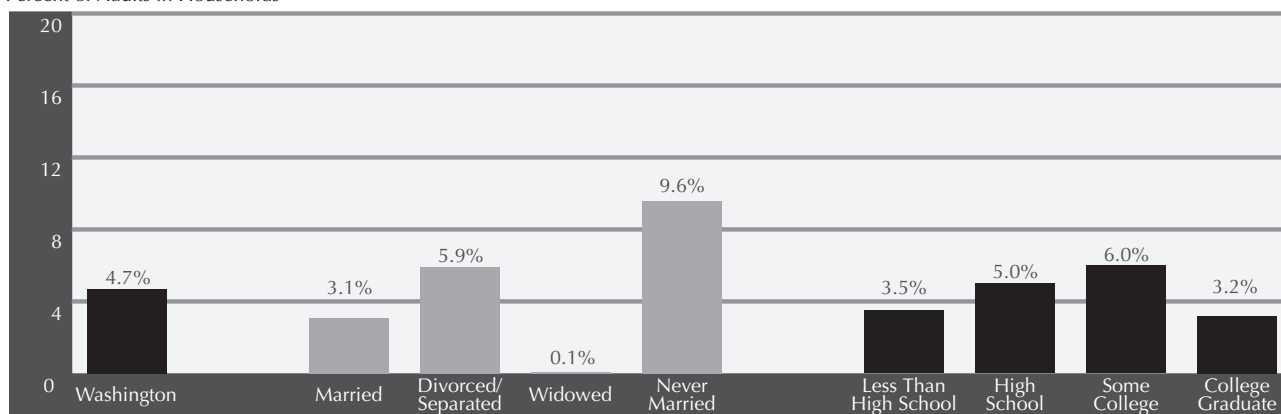
Lifetime Use of Illicit Drugs Other than Marijuana

Percent of Adults in Households



Past 12-Month Use of Illicit Drugs Other than Marijuana

Percent of Adults in Households



Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.

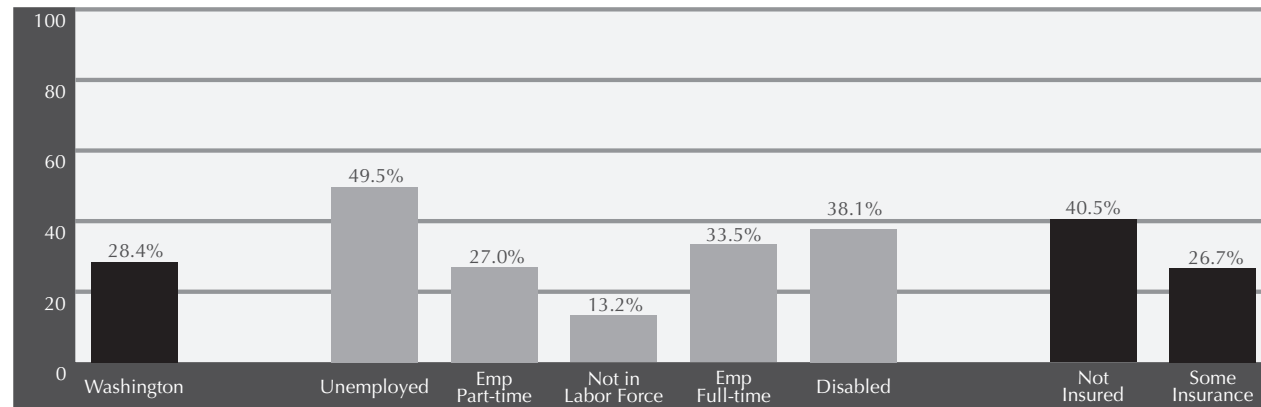
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Individuals Who are Unemployed, Disabled, and Lack Health Insurance Have Higher Rates of Use of Illicit Drugs Other than Marijuana.*



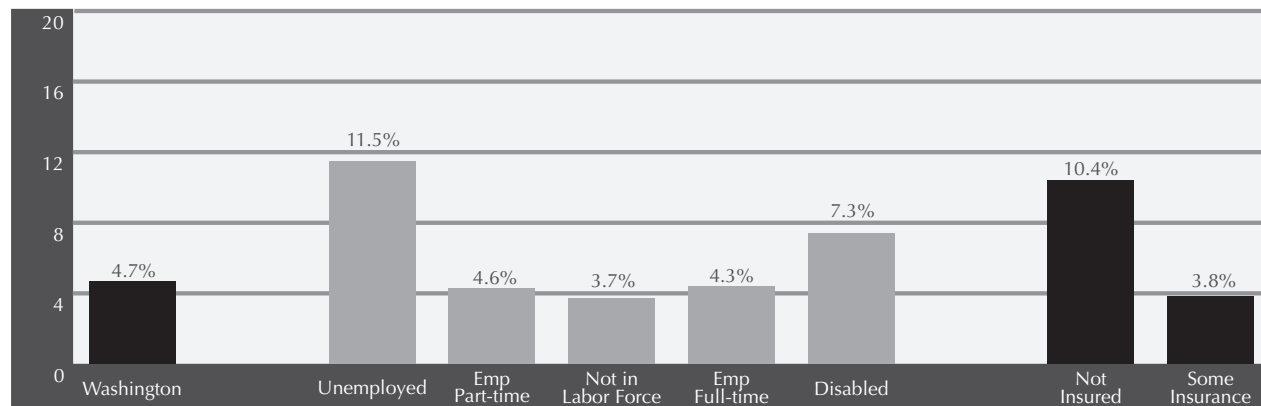
Lifetime Use of Illicit Drugs Other than Marijuana

Percent of Adults in Households



Past 12-Months Use of Illicit Drugs Other than Marijuana

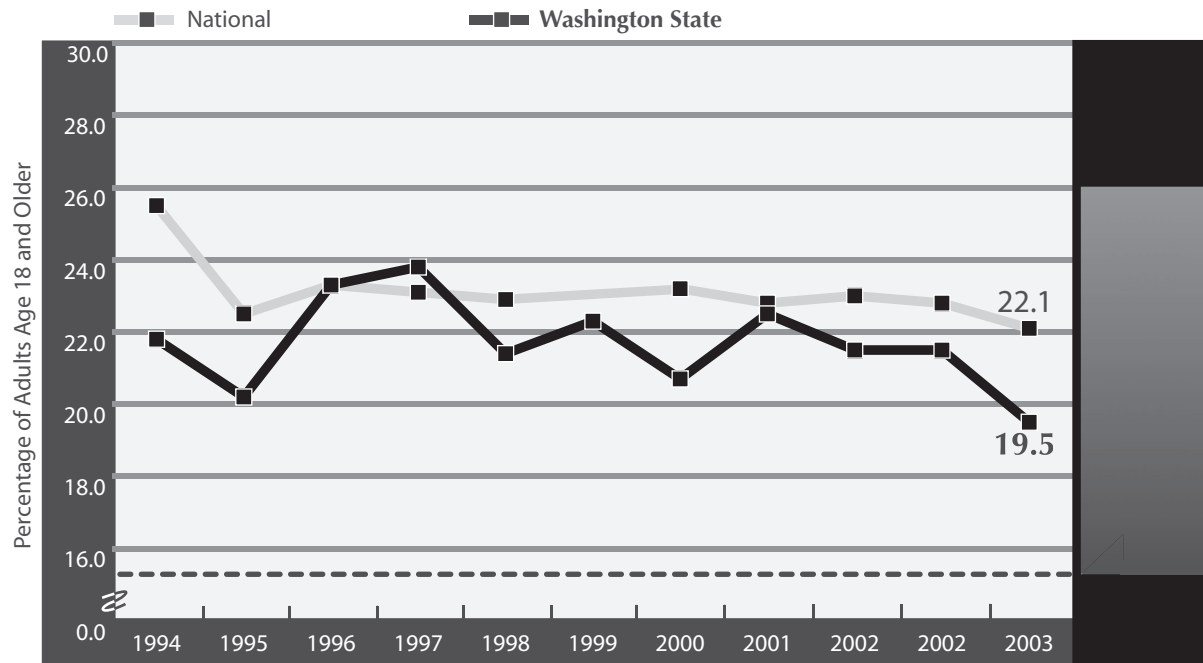
Percent of Adults in Households



Source: Findings from the 2003 Washington State Needs Assessment Household Survey: Substance Use, Substance Use Disorders, and Need for Treatment in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.

* Illicit drugs other than marijuana include cocaine, stimulants, hallucinogens, heroin, opiates, tranquilizers, sedatives, and inhalants.

Washington State Tobacco Control Efforts are Resulting in Lower Smoking Prevalence Among Adults.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Cigarette smoking in the United States causes serious illnesses among an estimated 8.6 million Americans annually, with \$157 billion in health-related economic costs.¹ Tobacco use causes approximately 440,000 deaths each year, and since the release of the Surgeon General's report on smoking and health in 1964, more than ten million Americans have died from smoking-related diseases, including heart disease, lung cancer, emphysema, and other respiratory diseases.²

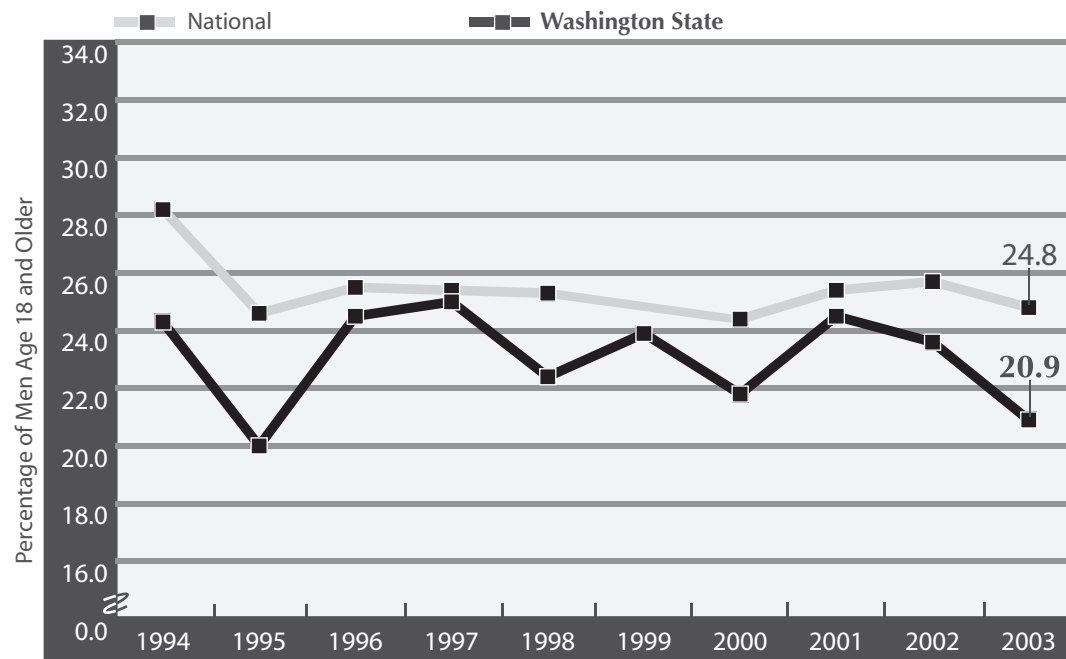
Smoking rates in Washington State appear to be on the decline. Studies indicate that the more funds that states spend on comprehensive tobacco-control programs, the greater the reduction in smoking.³ Smoking rates among 18-34 year olds in the United States (28.5%) and Washington (26.0%) are still at or close to their highest points in a decade, and indicate the need for greater effort.

¹ Centers for Disease Control and Prevention. "Cigarette Smoking-Attributable Morbidity—United States, 2000," *Morbidity and Mortality Weekly Report* 2003 (52); "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995-1999," *Morbidity and Mortality Weekly Report* 2002 (51).

² Centers for Disease Control and Prevention. "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995-1999," *Morbidity and Mortality Weekly Report* 2002 (51); U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 2000.

³ Centers for Disease Control and Prevention. "State-Specific Prevalence of Current Cigarette Smoking Among Adults—United States, 2003," *Morbidity and Mortality Weekly Report* 2004 (53).

Smoking Prevalence Among Men in Washington State is Declining.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Smoking is closely associated with heart disease, cancer, emphysema, and other respiratory diseases. Since the release of the first Surgeon General's report on smoking and health in 1964, more than ten million Americans have died from smoking-related diseases.¹

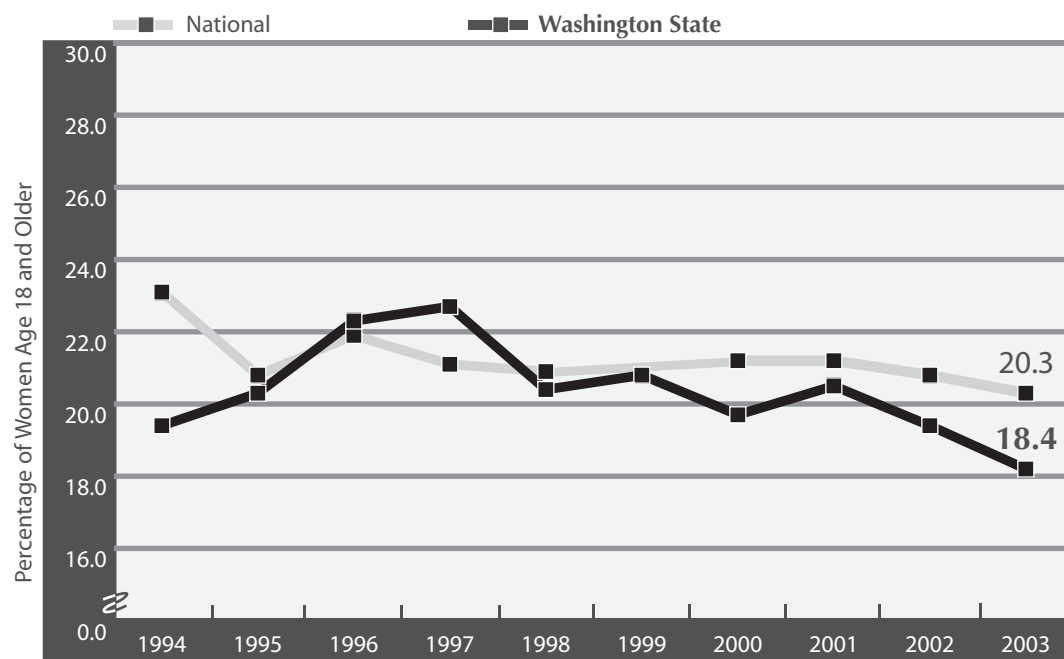
This graph indicates that smoking prevalence among Washington men is lower than men nationally, is declining, and is at its lowest point since 1995. In 2002, some 52.7% of Washington residents who smoked daily tried to quit.² The Division of Alcohol and Substance Abuse is engaged in a new initiative to integrate tobacco cessation into substance abuse treatment activities.

¹ U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 2000.

² Centers for Disease Control and Prevention. "State-Specific Prevalence of Current Cigarette Smoking Among Adults—United States, 2002," *Morbidity and Mortality Weekly Report* 2004 (52).



Smoking Prevalence Among Women in Washington State is at Its Lowest Point in a Decade.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Besides being linked with heart disease, cancer, emphysema, and other respiratory diseases¹, evidence is accumulating that maternal tobacco use is associated with mental retardation and birth defects such as oral clefts², and with Sudden Infant Death Syndrome.³ More than ten million Americans have died from smoking-related diseases since the Surgeon General released the first report on smoking and health in 1964.⁴

This graph indicates that smoking prevalence among Washington women is lower than among women nationally, and is declining. The Division of Alcohol and Substance Abuse is engaged in a new initiative to integrate tobacco cessation into substance abuse treatment activities.

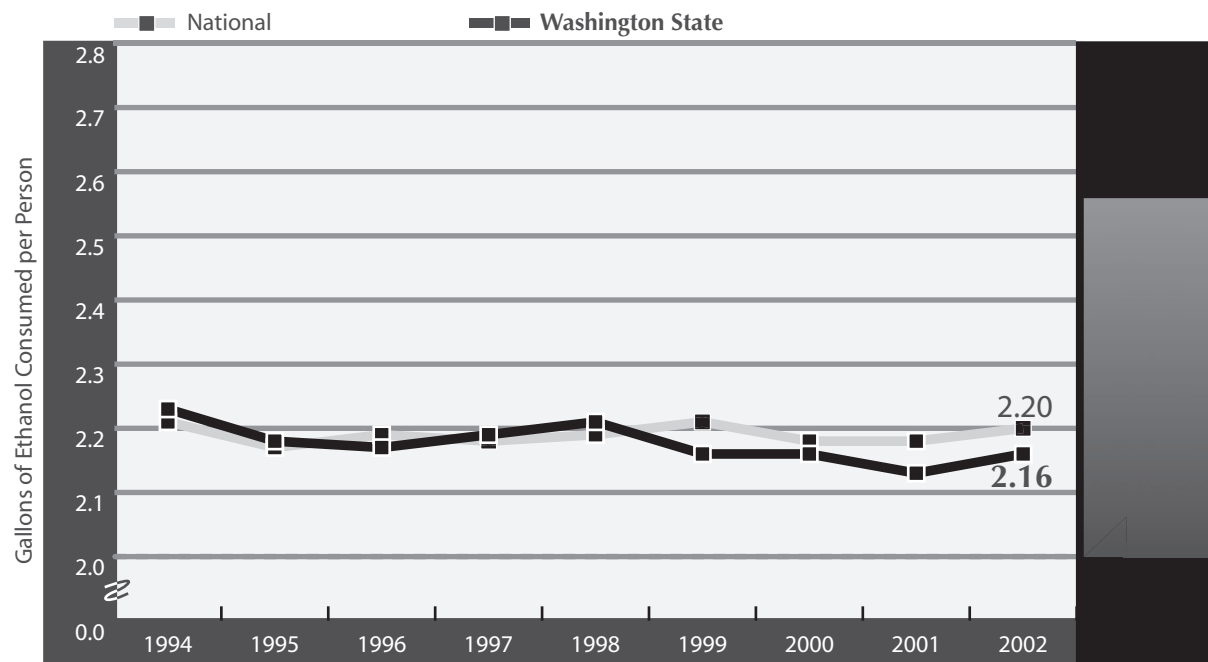
¹ U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 2000.

² U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 27-3. Washington, DC: 2000.

³ Klonoff-Cohen, H. et al. "Effect of Passive Smoking and Tobacco Exposure Through Breast Milk on Sudden Infant Death Syndrome," *Journal of the American Medical Association*, March 8, 1995.

⁴ *Reducing Tobacco Use*, op. cit.

Per Capita Alcohol Consumption in Washington State is Similar to That of the Rest of the Nation.

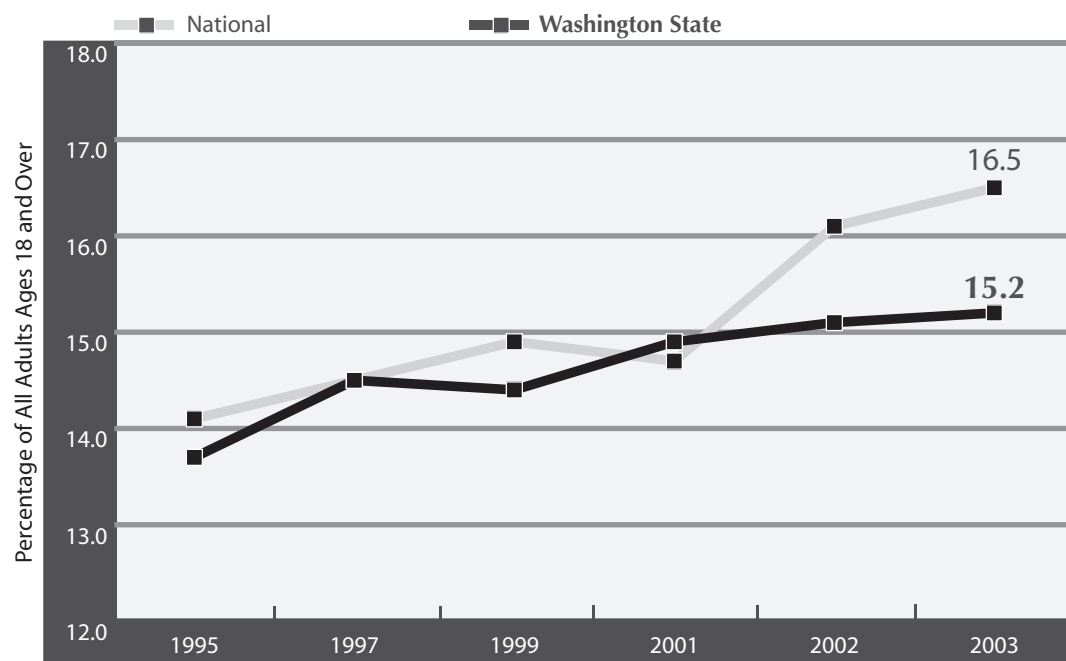


Source: National Institute on Alcohol Abuse and Alcoholism, *Surveillance Report #66: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977-2002*.

State and national per capita consumption of alcohol (for all persons over age 14) has remained constant over the past seven years. Per capita consumption is slowly approaching the *Healthy People 2010* target objective. However, in 2004, almost one in five Washington 10th graders reported binge drinking in the past 30 days, and chronic drinking rates among adults are at their highest point in a decade.



Adult Binge Drinking is on the Rise Both Nationally and in Washington State.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

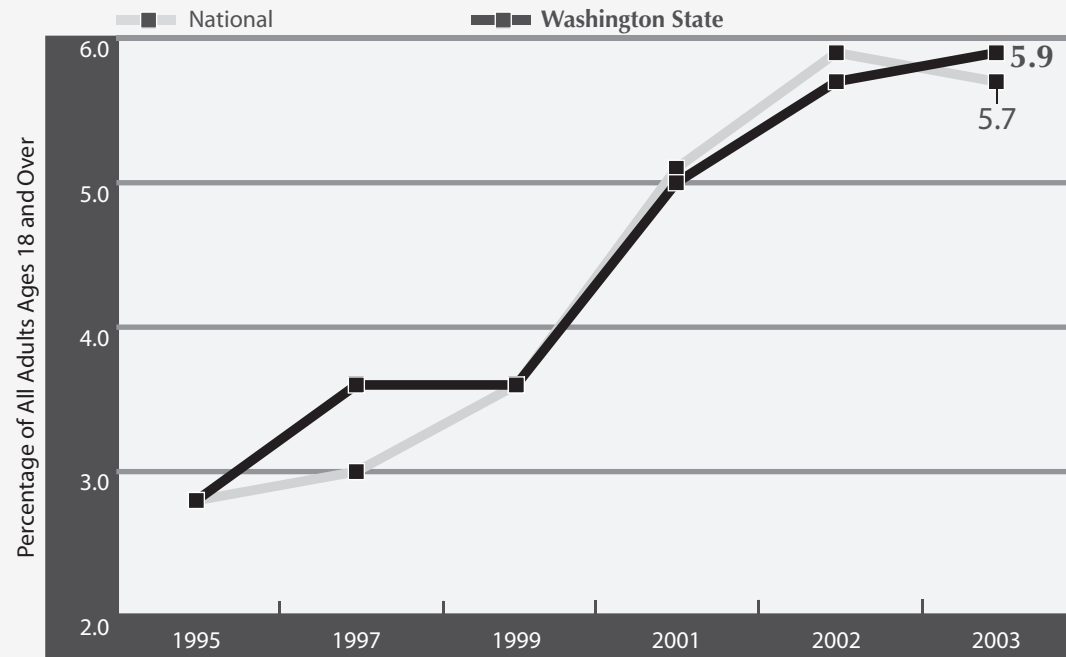
Binge drinking (defining as having five or more alcoholic drinks at one occasion, one or more times in the past month) is a particularly dangerous form of alcohol consumption, and is associated with traffic fatalities, accidents, drownings, emergency department admissions, and alcoholism. Binge drinking rates among college students (44% in 2001) are more than twice the rate for all adults¹, and is associated with increased incidence of unplanned and unprotected sex, alcohol-related sexual assaults, and date rape.²

After falling substantially for the previous decade, binge drinking in Washington State has been rising since 1995.

¹ Wechsler, H. et al. "Trends in College Binge Drinking During a Period of Increased Prevention Efforts: Findings from Four Harvard School of Public Health Study Surveys, 1993-2001," *Journal of American College Health* 50(5), 2002.

² Taskforce on College Drinking, National Advisory Council on Alcohol Abuse and Alcoholism. *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*. Bethesda, MD: U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism, 2002.

Chronic Drinking Rates among Washington State Adults are Almost Double What They were in 1995.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Chronic drinking (defined as having had an average of two or more drinks per day per month) is associated with alcohol-related problems, including chronic liver disease and cirrhosis, certain forms of cancer, high blood pressure, heart rhythm irregularities, heart muscle disorders, and stroke.¹ It may also lead to alcohol dependency.

Both chronic drinking and binge drinking rates have risen significantly in the past decade, even as per capita alcohol consumption has remained steady. It is likely that problem drinkers make up a higher proportion of the alcohol-using population.

¹ U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 26-4. Washington, DC: 2000.